

Name
in
Full

Howard W - Benson

CERTIFICATE OF DEATH

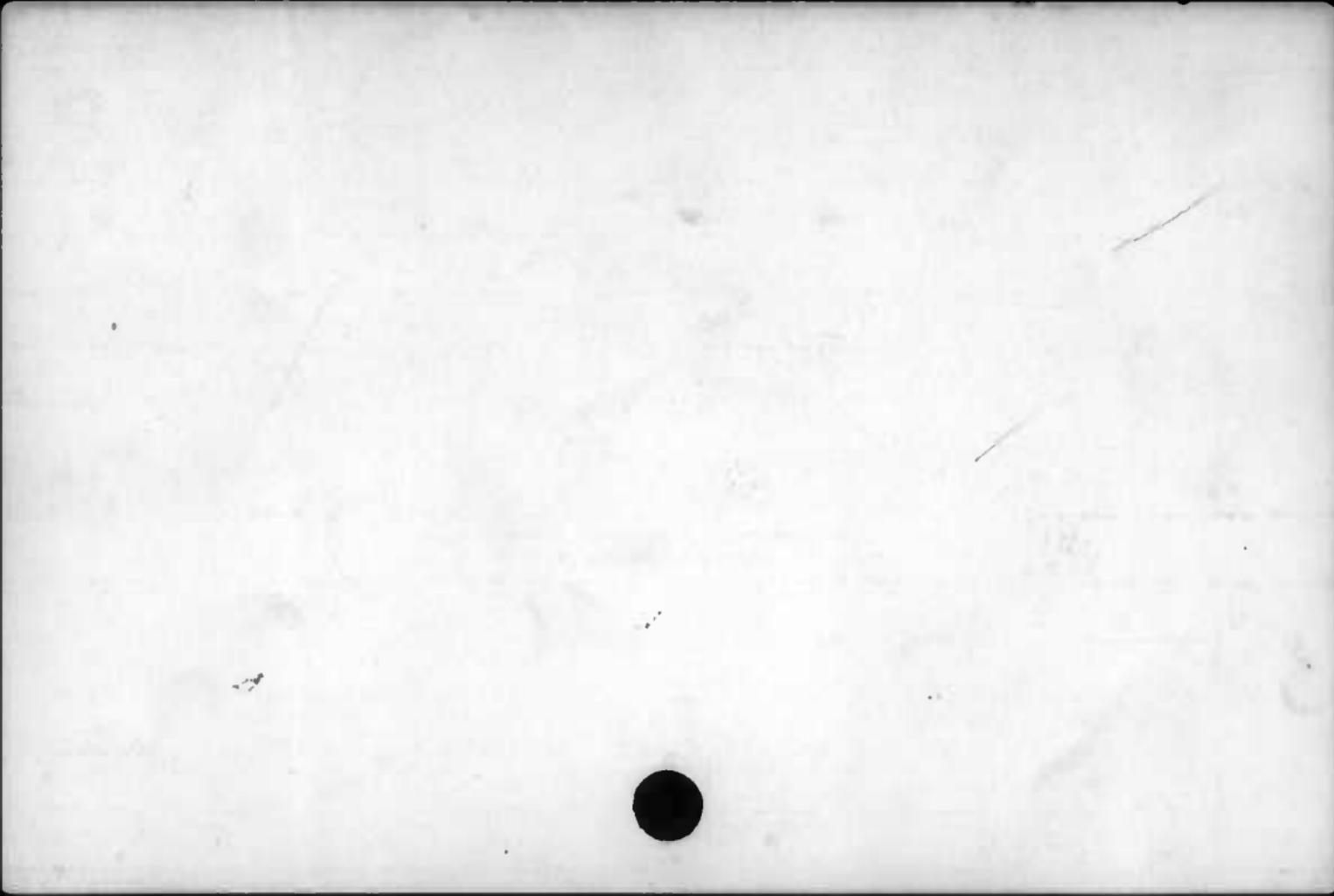
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	23	8	—
Occupation	Waiter					Where Residing if not at place of death
Married, Single or Widowed	Single	Name of Wife or Husband	None			
Father's Name	Thomas Benson					Father's Birthplace
Mother's Maiden Name	Elspere Howard					Mother's Birthplace
Name of person giving information	Mrs John Toward					How related Deceased

CAUSES OF DEATH

27

PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis		How long	6 months
	Immediate	Exhaustion		How long	Some weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	E. T. Duse	
			Address	Cumberland Md	
Accident or Suicide?					



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Berkmanbaugh

CERTIFICATE OF DEATH

Town	County	MARYLAND	
Died at	Allegany	Months	Days
Date of death	1908 Sept 14	Years	—
Sex	Age 28	Birth-place	Days
Occupation	White	Bracoming	—
Married, Single or Widowed	Single	Where Residing if not at place of death	—
Father's Name	Leo Berkmanbaugh	Father's Birthplace	Germany
Mother's Maiden Name	Mary Rosander	Mother's Birthplace	Indiana
Name of person giving Information	Ed Berkmanbaugh	How related to deceased	Father

CAUSES OF DEATH

13

PHYSICIAN
OR CORONER

Primary

Cholera Morbus

How long

24 hrs.

Immediate

Croup, heart failure

How long

5 hours

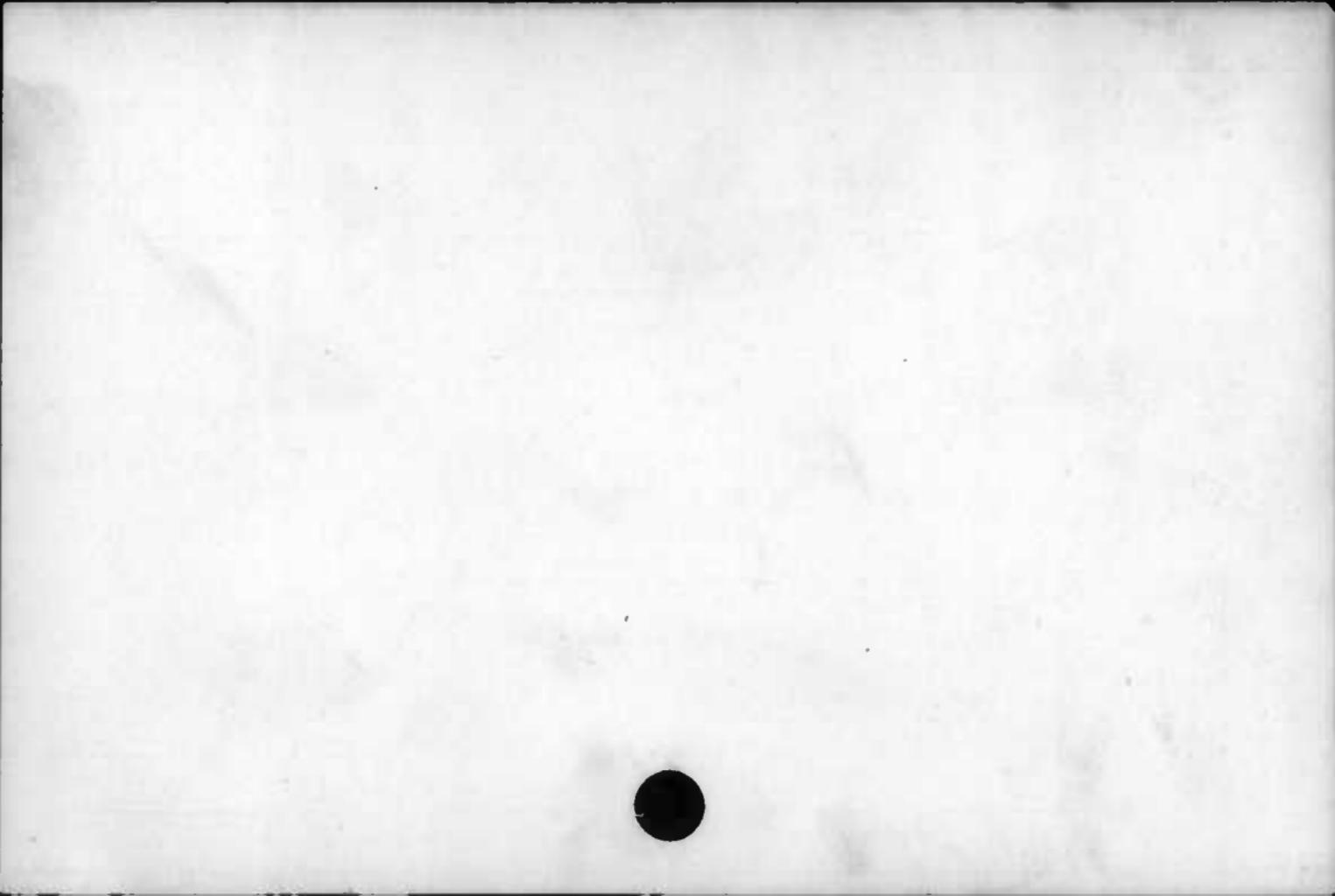
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. B. Shilling M.D.
Bracoming

Accident or Suicide?



Name
in
Full

Margrette Betzold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Cumberland			alleg		
Date of death	Month	Day	Years	Months	Days	
190	8	Sept.	22	Age 83	3 14	
Sex	Female	Color or Race	White	Birth-place	Germany	
Occupation	None			Where Residing if not at place of death		
Married, Single or Widowed	Widow			Name of Wife or Husband	Conrad Betzold	
Father's Name	Leonard Hoffman			Father's Birthplace	Germany	
Mother's Maiden Name	Dorothy Hoffman			Mother's Birthplace	—	
Name of person giving Information	John Betzold			How related to deceased	Son.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

3 weeks

Immediate

St. Jps

How long

6 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

Thos. W. Vaan
Cumberland
Md

Accident or Suicide

John.

Mr. Heier

7 Grand St

14 Street, New York.

Name
in
Full

Linen Boyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ellerslie

Town

County

MARYLAND

Date of death 1908 Month Sept. Day 30 Years 53 Months Days

Sex Male

Color or Race

White

Birth-place Pa.

Occupation

Fanner

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary Boyer

Father's Name

Daniel Boyer

Father's Birthplace

Pa.

Mother's Maiden Name

Catharine Martin

Mother's Birthplace

Pa

Name of person giving
Information

Daniel Boyer

How related
to deceased

son

CAUSES OF DEATH

39

How long

Primary

Cancer of the mouth and tongue

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Heart. Disease
Ellerslie
Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Sarah A Brant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Cumberland		alleg					
Date of death	1908	Month	Day	Years	Months	Days	
Sept. 17				76	—	—	
Sex	Female	Color or Race	White		Birthplace	Md	
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Widowed	Name of Wife or Husband	Charley Brant				
Father's Name	" dont know				Father's Birthplace	Don't know	
Mother's Maiden Name	"				Mother's Birthplace	"	
Name of person giving Information	William Niceley				How related to deceased	Son-in-law	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Cancer of Womb

42

How long

1 year

Immediate

4 hours

How long

endured

Are the name, age, sex, color, date
and place correctly given above?

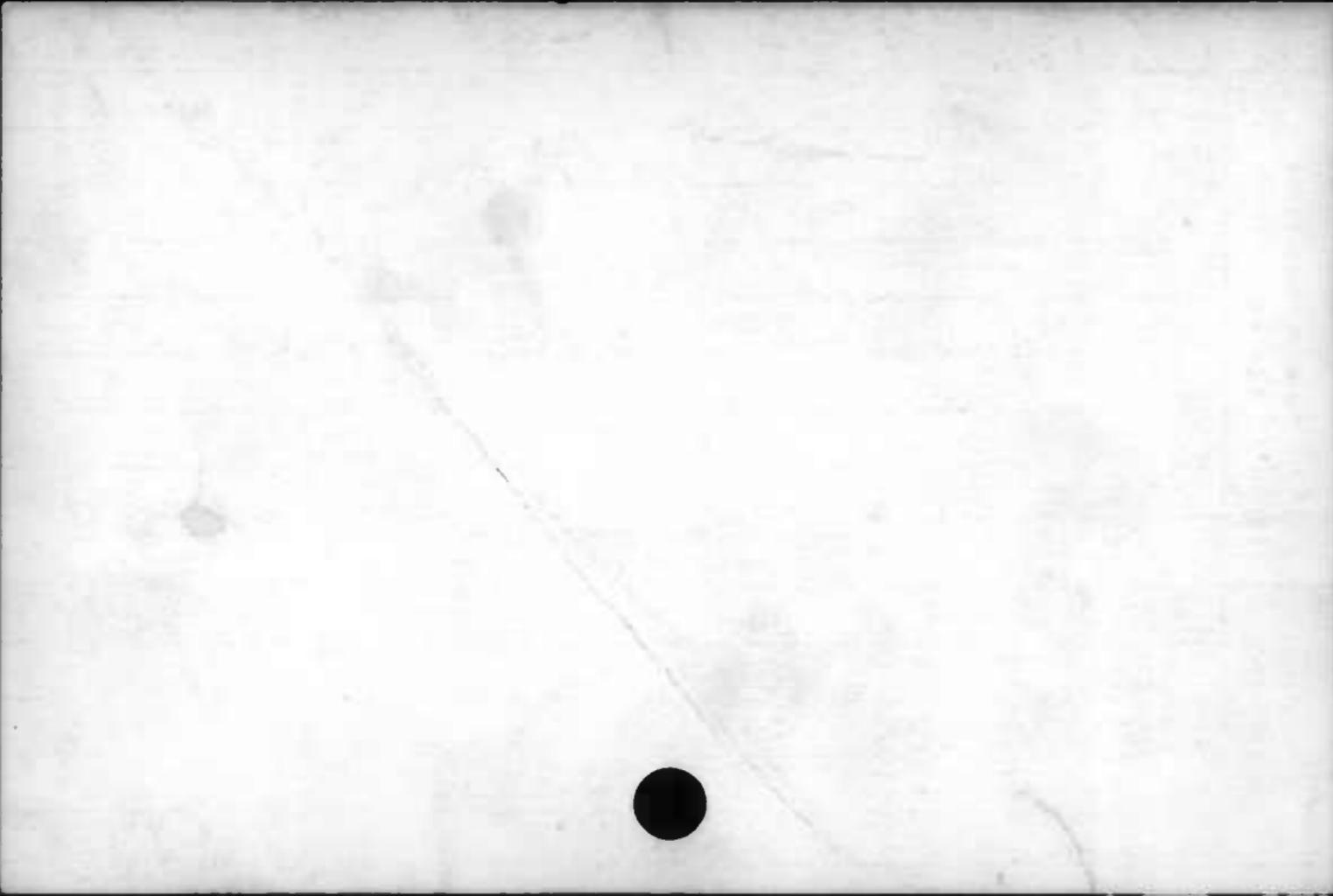
Yes

Signature of
Physician

Address

EP Cleaf Brooks
Cumberland
Md

Accident or Suicide



A. T. Brodwater

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at	Count	alt			
Date of death	Month	Day	Years	Months	Days
1908	9	23	Age 52		
Sex	Male	Color or Race	White	Birth-place	Carroll County
Occupation	Washman or mill hand				
Married, Single or Widowed	Married	Name of Wife or Husband	Nancy Brodwater		
Father's Name	Gottle Brodwater				
Mother's Maiden Name	Tang Garwick				
Name of person giving Information	Nancy Brodwater				
Primary	Stroke in hand by fire of a companion in bed				
CAUSES OF DEATH					
Causing injury to brain					
Laceration of brain & meninges					
36 hours					
How long					
176					
How long					
36 hours					
Signature of Physician					
Address					
A. H. Hawkins - Circumstantial Med					
G. B. Homicide					
Accident or Suicide					

11 Specimens

4th Nov. - K.

907

~~Macrorhynchus~~
~~Macropygus~~ ~~Photinaceæ~~
Macropygus

Candy
~~Macropygus~~
Pitkin

1908 11

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John L. Brown -

CERTIFICATE OF DEATH

Town		County		MARYLAND	
Died at	Cumberland	Allegany	Co.	Month	Days
Date of death	1908	Month	9	Day	16
Age	70	Years	-	Month	-
Sex	Male	Color or Race	white	Birthplace	Grantsville
Occupation	Carpenter				
Married, Single or Widowed	Where Residing if not at place of death				
Father's Name	Name of Wife or Husband				
Mother's Maiden Name	Eligah Brown				
Name of person giving Information	Louise Brown				
Nancy Layman					
Jacob Brown					

CAUSES OF DEATH

120

Primary

Bright's disease

How long

Several months

Immediate

Exhaustion

How long

small marks

Are the name, age, sex, color, date and place correctly given above?

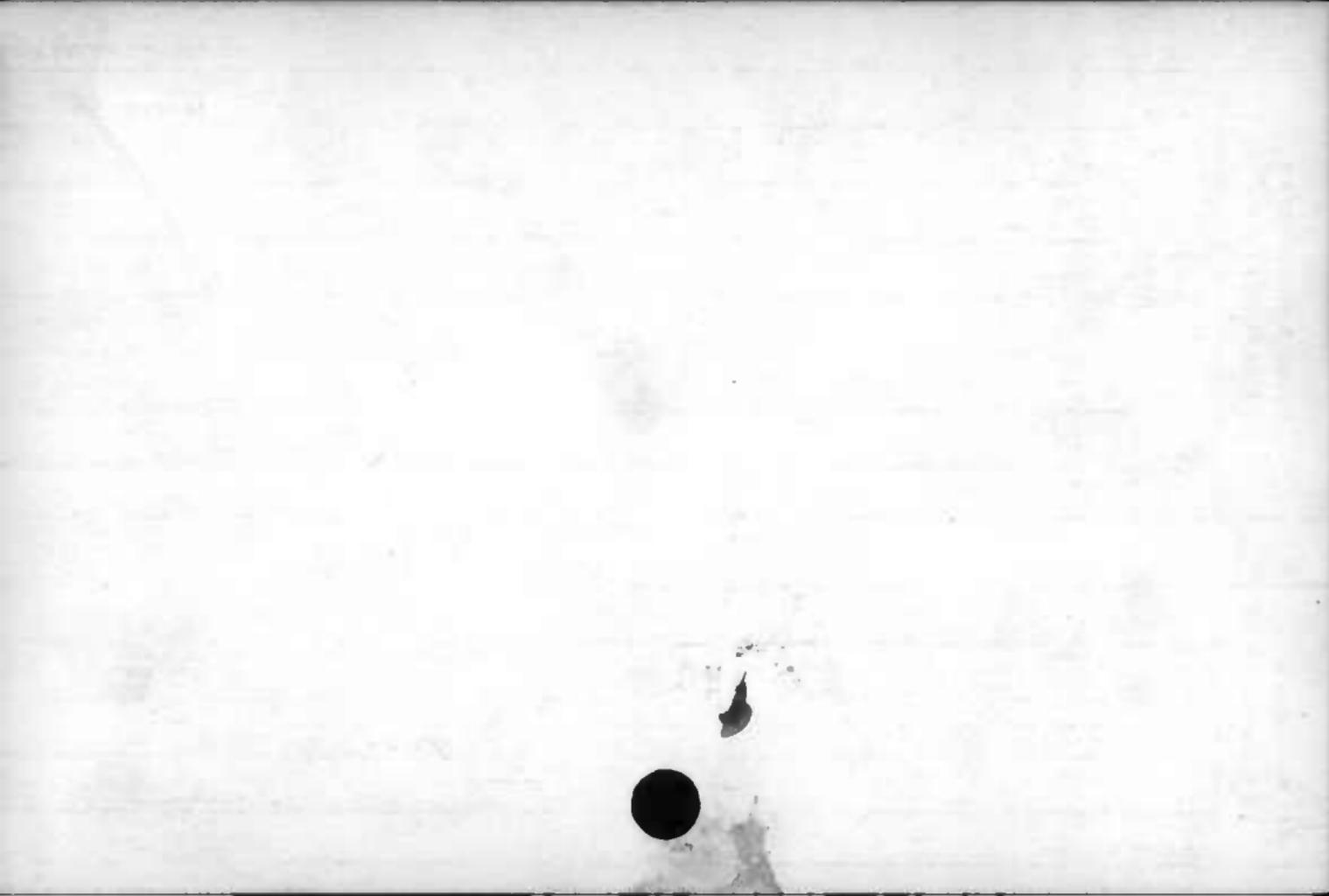
yes

Signature of Physician

Address

John L. Brown
Cumberland
Md

Accident or Suicide



Name
in
Full

William Bush

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Cumberland		Allegany				
Date of death	1908	Month	Day	Age	Years	Months
	Sep	18		2		
Sex	Male	Color or Race	White	Birth-place	Cumberland	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	William Bush		Washington D.C.			
Mother's Maiden Name	Ida Lucy		Harrisburg Pa			
Name of person giving Information	William Bush		How related to deceased			Father.

PHYSICIAN
OR CORONER

CAUSES OF DEATH

36

Primary

Henderson's syphilis

How long

2 months

Immediate

Henderson's syphilis

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

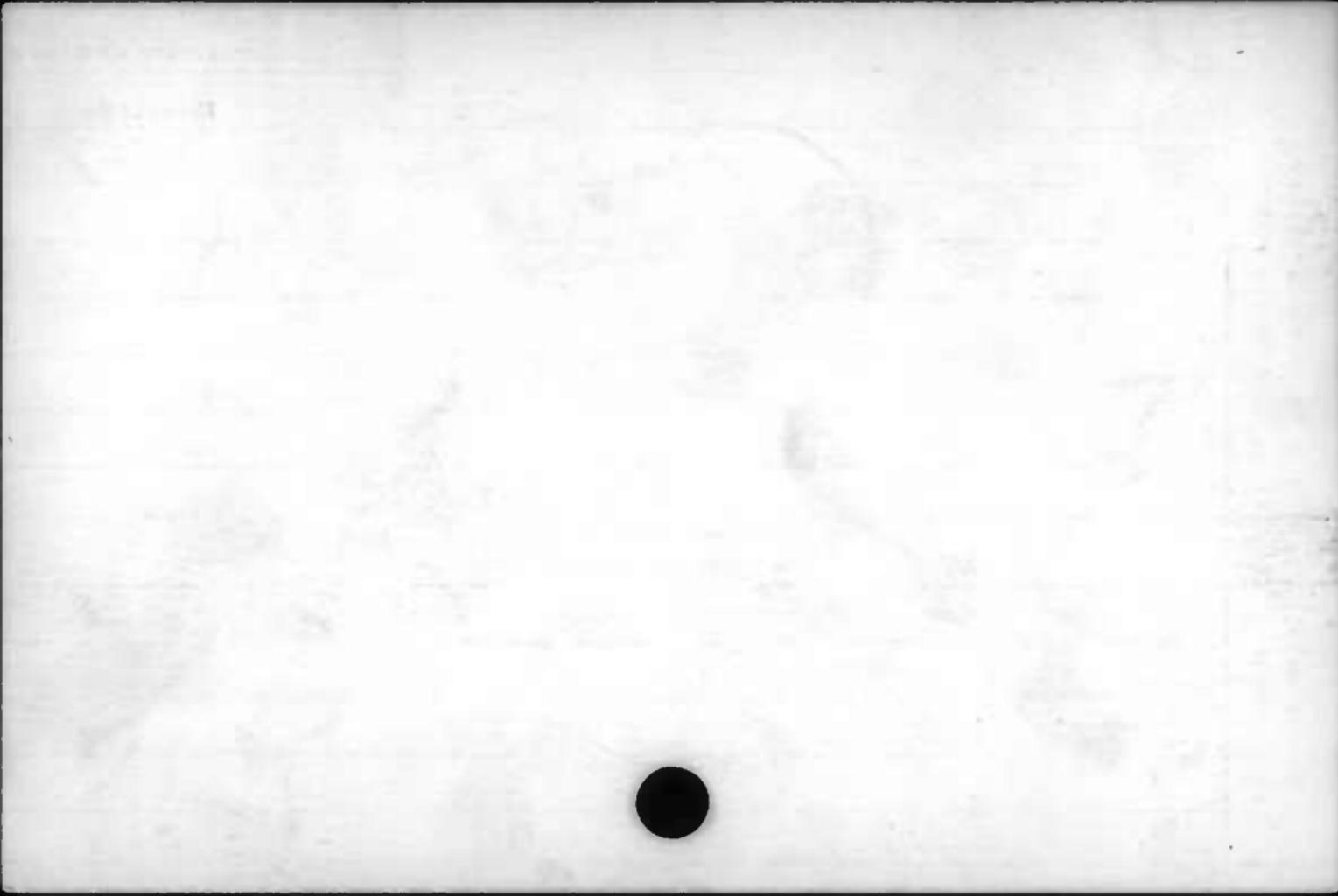
Signature of Physician

H. R. Spaul M.D.

Address

270 Mechanic St
Anchorage, Alaska

Accident or Suicide



Name
in
Full

Ellen Jane Basson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Baltimore* County *Alle*
Died at *Baltimore* Month *Sept* Day *23* Years *47* Montha *Sept* Days *23*
Date of death *1908* Sex *Female* Color or Race *White* Birth-place *Md*
Occupation *Housekeeper* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *J W Basson*
Father's Name *Christopher Koenicka* Father's Birthplace *Germany*
Mother's Maiden Name *Lizzie Staples* Mother's Birthplace *England*
Name of person giving Information *J W Basson* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Peritonitis.

Immediate

drop. after coming

Are the name, age, sex, color, date and place correctly given above?

Stein. yes

Signature of Physician

Address

*Physician
Camelot
Wilson*

Accident or Suicide

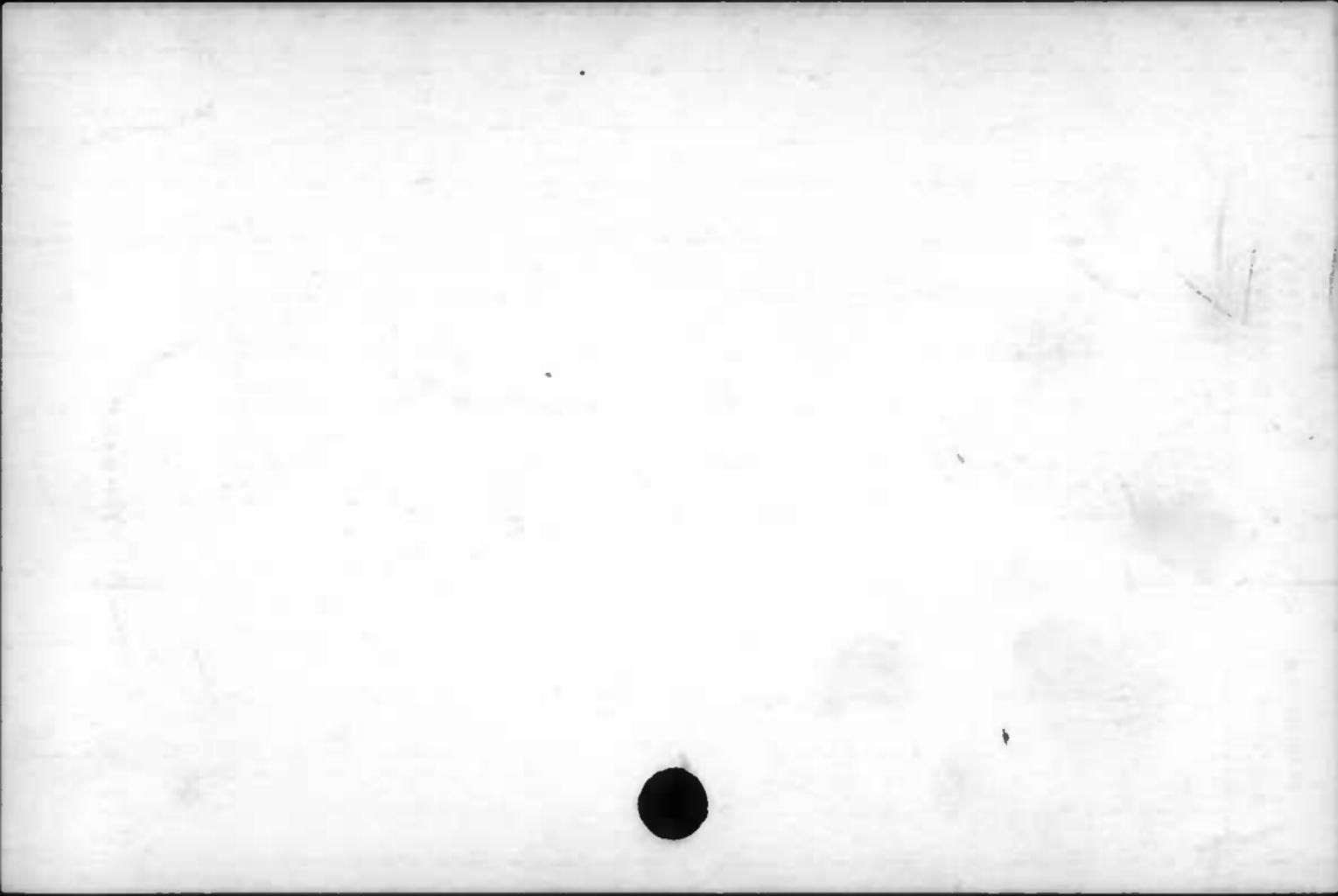
116

How long

several months

How long

several weeks



Name
in
Full

William Cockburn

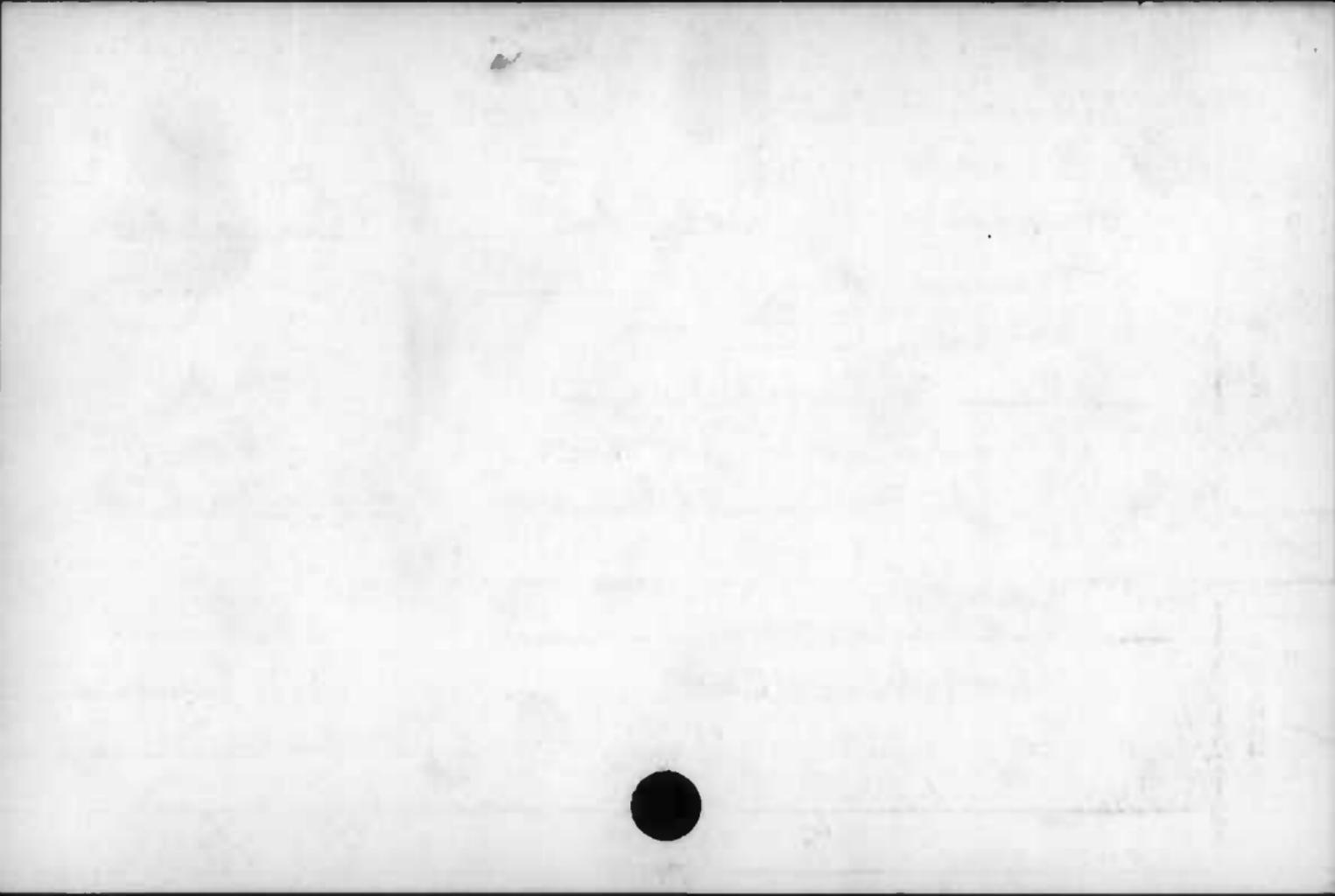
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1908	Month Sept	Day 26	Age	Years	Months
Sex	Male	Color or Race	White	Birth-place	Days	21
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	George Cockburn			Father's Birthplace	WVa	
Mother's Maiden Name	Bessie that Fletcher			Mother's Birthplace	Brownston, Md	
Name of person giving Information	George Cockburn			How related to deceased	Father,	
CAUSES OF DEATH						
Primary	Overdressing			176	How long	
Immediate	Asphyxia			Suddlly		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician	Address
<input checked="" type="checkbox"/>	W. B. Skilling, M.D.	Linacoming,	
Accident or Suicide?	Accident		



Name
in
Full

Infant - A. T. Coultham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	which -	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Alan T. Coultham				
Mother's Maiden Name	Madeline Jones				
Name of person giving information	A. T. Coultham				

CAUSES OF DEATH

✓
PHYSICIAN
OR CORONER

Primary	Stillborn		
Immediate	Asphyxia		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Ott Brace M.D.
L.S.	Address	Cumberland Md.	
Accident or Suicide?	no.		

0 4 6
0 9 6

Name
in
Full

Infant Herbert A Cowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1908		Month Sept.	Day 3	Years	Months	Days	1
Sex Male	Color or Race	Age		Birth-place			Cumberland
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband	Name		Father's Name	Father's Birthplace	
Father's Name		Herbert A Cowden	Name		Cumberland	Cumberland	
Mother's Maiden Name		Helene	Elice		Mother's Birthplace	C.**	
Name of person giving Information		Herbert A Cowden			How related to deceased	Father	

CAUSES OF DEATH

151

How long

PHYSICIAN
OR CORONER

Primary

Granulation

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

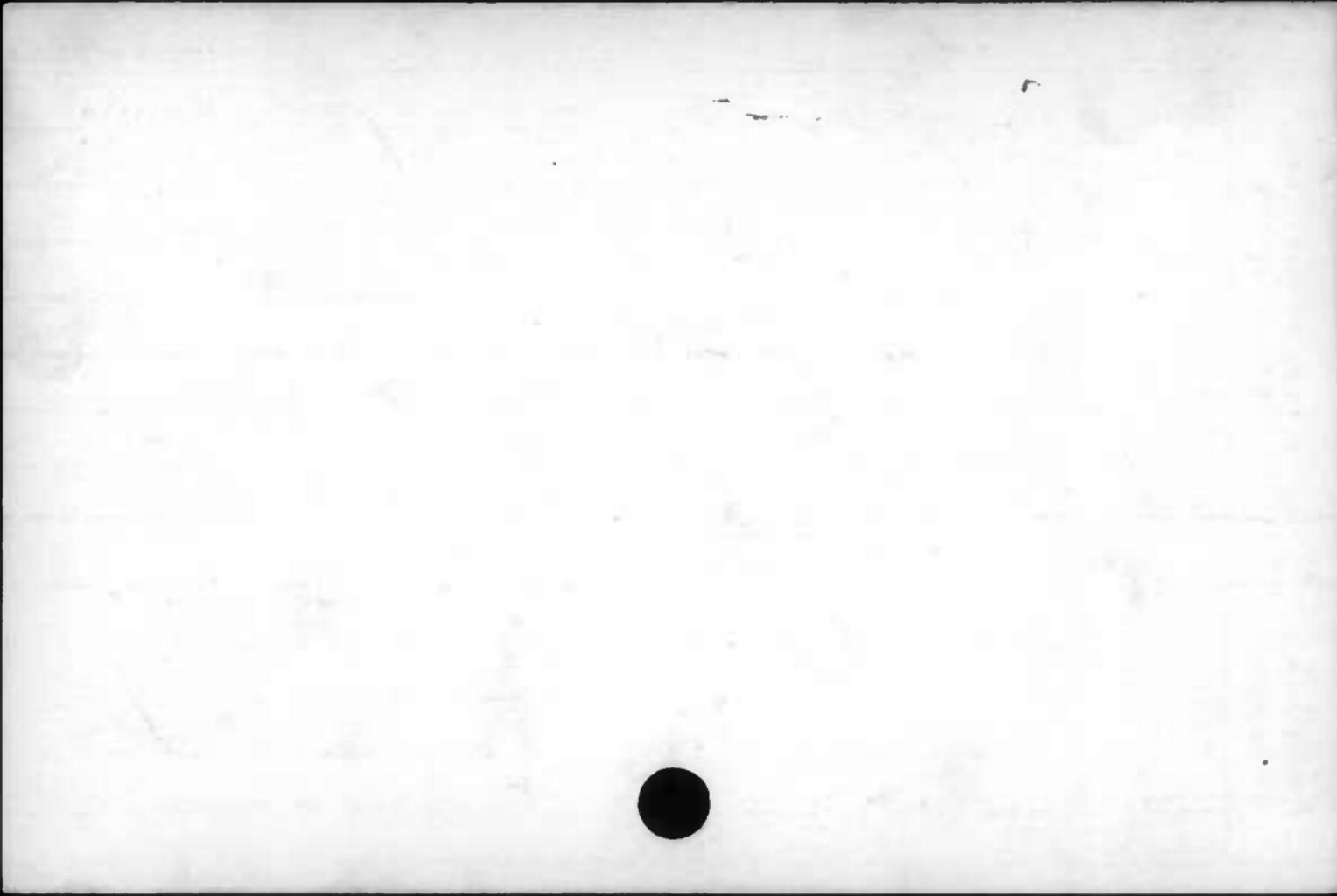
Signature of Physician

Stone

Address

John Stine
Cumberland

Accident or Suicide



Name
in
Full

Infant. John Crabtree

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at	Cumberland	Allegany		Montha	Days
Date of death	1908	Month	Sept.	Day	8
		Years	Age	—	—
Sex	Female	Color or Race	White	Birth-place	Cumberland
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Oldtown Md
Father's Name	John Crabtree	Mother's Birthplace	Ma		
Mother's Maiden Name	Tracey V Thomas	How related to deceased	Father.		
Name of person giving Information	John Crabtree				

CAUSES OF DEATH

Primary

Still Born infant

S

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John W. W. Coroner
Cumberland
Crown Md

PHYSICIAN
OR CORONER

Accident or Suicide

11° 3' 1/2 Left Ave.

Name
in
Full

Albertus Duckworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town North Branch County Allegany
Died at Month Day Years Months Days
Date of death 1908 Sep 19 Age 14 -
Sex Female Color or Race White Birthplace Frankfort N.Y.
Occupation wife Where Residing if not at place of death Cumberland
Married, Single or Widowed Single Name of Wife or Husband -
Father's Name George H. Duckworth Father's Birthplace Do not know
Mother's Maiden Name Francis Duckworth Mother's Birthplace " " "
Name of person giving Information Blyden Duckworth How related to deceased Brother

CAUSES OF DEATH

172

How long

Primary

accidental drowning

How long

Immediate

caused

Are the name, age, sex, color, date and place correctly given above?

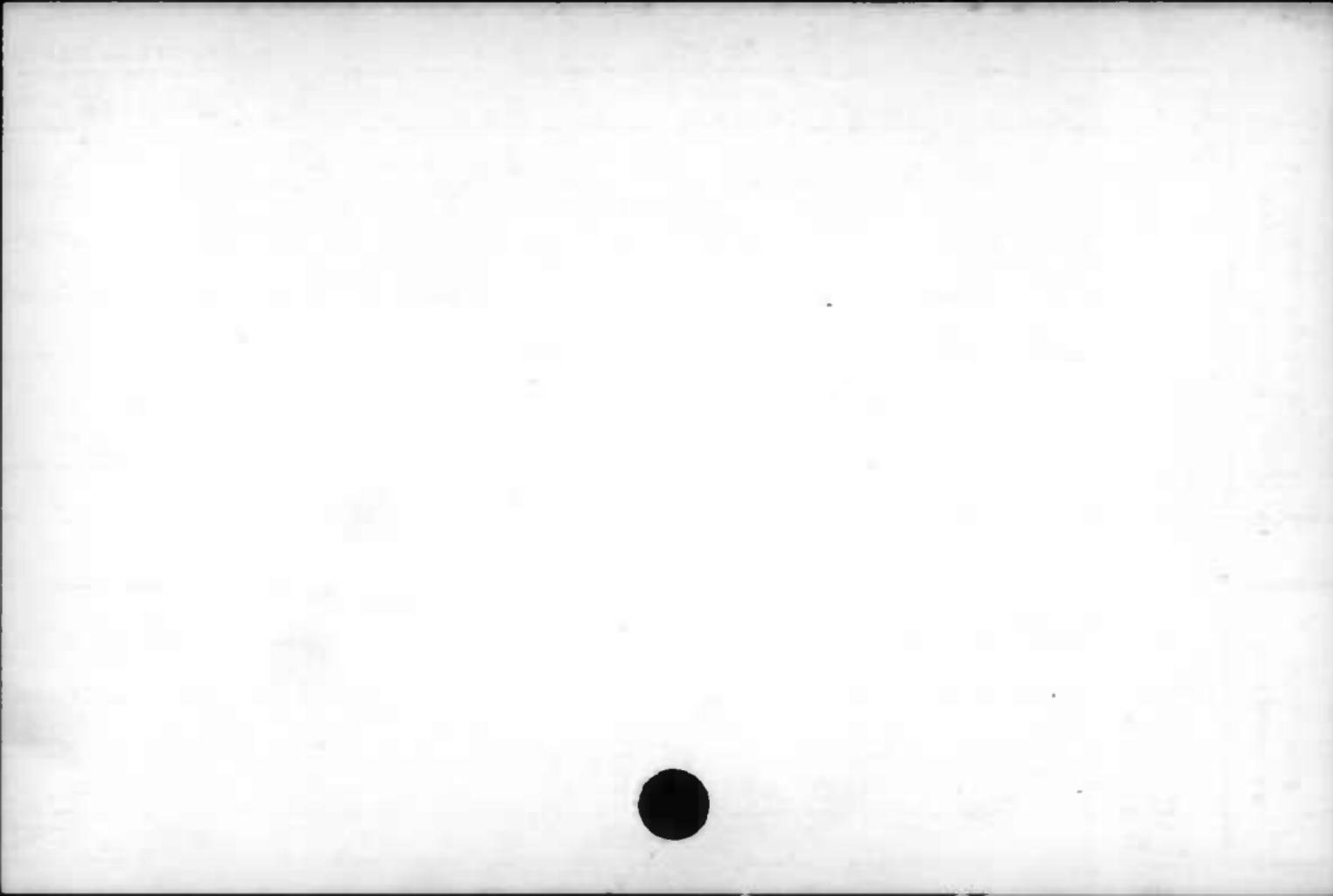
yes

Signature of
Physician

Address

G. H. Mack, Coroner
Cumberland
Allegany County - Md

Accident or Suicide



Name
in
Full

Walker W. Felix

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

1908 Sept

Month

Day

Years

Age

49

Month

Days

Sex

Male

Color or
Race

White

Birth-
place

Pa

Occupation

Fireman

Where Residing if not
at place of death

West 1st and Hospital

Married, Single
or Widowed

Married

Name of Wife or
Husband

Clara Gromden

Father's
Name

Anthony Felix

Father's
Birthplace

Pa

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Unknown

Name of person giving
Information

Clara Felix

How related
to deceased

Wife

CAUSES OF DEATH

108

Primary

Internal Strang. Hernia from allusion { below & outside
+ appendix 10 days

How long

Sept. Peritonitis - operation act. Dil. Stom. 6 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

A. H. Hawkins.
Cancelled

Accident or Suicide

Yes,

Stein,

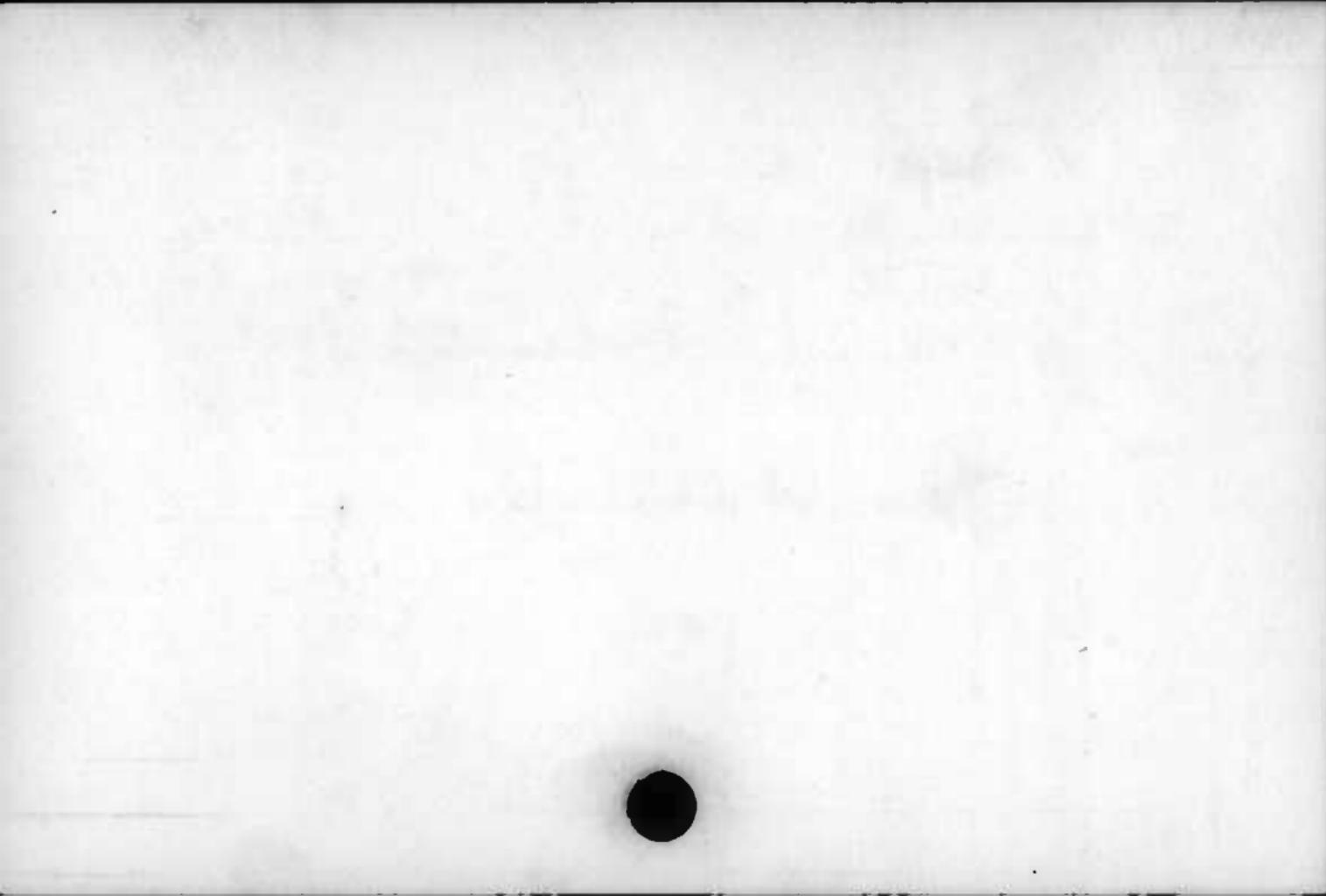
White or Xed.

Lewiston Pa

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH						
Died at		Town	County		MARYLAND	
Date of death	1908	Month Sept	Day 8	Age 24	Years	Months
Sex	Female	Color or Race	White		Birth-place	Somacoming
Occupation	Housegirl		Where Residing if not at place of death		—	
Married, Single or Widowed	Single	Name of Wife or Husband	—		—	
Father's Name	John Fluming		Father's Birthplace		Scotland	
Mother's Maiden Name	Salina Jones		Mother's Birthplace		Pa	
Name of person giving information	John Fluming		How related to deceased		Father	
CAUSES OF DEATH						
Primary	Hypertension from		①	How long	Four weeks	
Immediate	Congestion of liver		765	How long	48 hours	
Are the name, age, sex, color, race and place correctly given above?			Signature of Physician		W. Q. Skilling M.D.	
Yes			Address		Somacoming	
Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DE

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Bernadine Fisher

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Year	Months	Days
1908		Sept-	10	31	—	—
Sex	Female	Color or Race	Wh.	Birth-place	Dul-Know	
Occupation	None	Where Residing if not at place of death			—	
Married, Single or Widowed	Single	Name of Wife or Husband		—		
Father's Name	George Fisher	—			Father's Birthplace	Introns
Mother's Maiden Name	Miriam Fisher	—			Mother's Birthplace	Introns
Name of person giving information	D. F. Long	—			How related to deceased	None

CAUSES OF DEATH

Primary

Tubercular Laryngitis

26

How long

7. Mo.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

D. F. Long

Richmond - Va

Accident or Suicide

Mo.

Name
in
Full

H. H. Flaske

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County MARYLAND
Died at Sylvan Retreat Allegany
Date of death 1908 Month 8 Day 11 Age 70 Years Months Days
Sex Male Color or Race White Birth-Place Md.
Occupation Farmer Where Residing if not at place of death
Married, Single or Widowed Single Name of Wife or Husband —
Father's Name Do not know Father's Birthplace New Haven
Mother's Maiden Name Do not know Mother's Birthplace New Haven
Name of person giving information No one How related to deceased

PHYSICIAN
OR CORONER

CAUSES OF DEATH

62

Primary

Hypertension

How long

3 yrs

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

H. F. Tay 'g
Laurel, Del.

Accident or Suicide



Name
in
Full

Margaret E. Foster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

✓
PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1908	Month Sep	Day 2	Years 79	Months 0	Days 0
Sex	female	Color or Race	which -		Birth-place	NY City
Occupation	Retired	Where Residing if not at place of death		Washington D.C.		
Married, Single or Widowed	Widow	Name of Wife or Husband	Frederick E. Foster			
Father's Name	Edward Clegg Beebe	-		Father's Birthplace	Scotland	
Mother's Maiden Name	Rose Lee	-		Mother's Birthplace	Albany, N.Y.	
Name of person giving Information	Jane A. Dr. Shields		How related to deceased		Niece	

CAUSES OF DEATH

120

How long

How long

Primary

Bright's disease

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M. W. Wiley
Baltimore Md.

ED
Accident or Suicide

Dr. W.W. Jr -

~~#2 -~~

Thursday
Washington

Name
in
Full

Katie Elizabeth Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at
Town
Ellerslie

County
Alleg

MARYLAND

Date of death 1908	Month Sept.	Day 7	Age 26	Years —	Months —	Deys —
Sex Female	Color or Race	White.		Birth- place	Md	

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Jeremiah Gardner

Father's
Birthplace

Pa

Mother's
Maiden Name

Nancy Miller

Mother's
Birthplace

Pa

Name of person giving
Information

Samuel Gardner

How related
to deceased

Brother.

CAUSES OF DEATH

27

Primary

Tuberculosis.

How long

about 1 yr.

Immediate

Bronchitis

How long

18 yrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr Carl Smith

Stein

Address

Ellerslie

Accident or Suicide

Smith

Md.

Mrs P. & Bassett Backford
Miss Effie

J. M. Pitts
R. C. Pitts
mother

Name
in
Full

Harry Garlick

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Sept	11	33	3	X
Sex	Color or Race	W	Pa		
Occupation	Where Residing if not at place of death				
Miner	—				
Married, Single or Widowed	Name of Wife or Husband				
	Hattie Garlick				
Father's Name	Nicholas Garlick				
Mother's Maiden Name	Eagle B. Gatty				
Name of person giving information	Conrad Brode				

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary

Rheumatism

How long

12 yrs

Immediate

Heart disease

How long

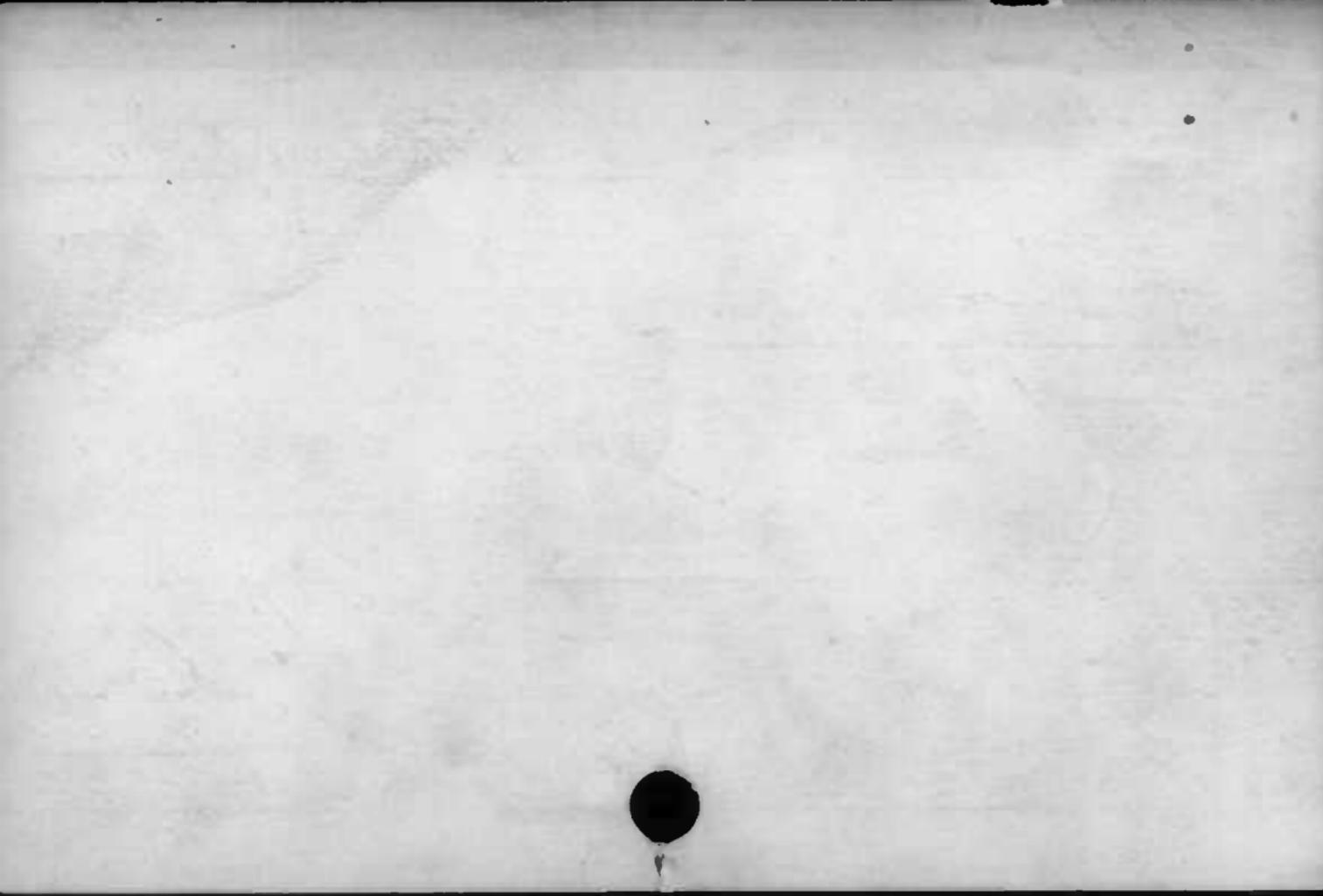
new man

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Alexander Gowen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bartow</u>		Town	County <u>Allegany</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Sept</u>	Day <u>17</u>	Age <u>2</u>	Year <u>2</u>	Month <u>8</u>	Days <u>27</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Bartow, Md</u>				
Occupation <u>L</u>	Where Residing if not at place of death <u>L</u>			<u>L</u>		
Married, Single or Widowed <u>L</u>	Name of Wife or Husband <u>L</u>				Father's Birthplace <u>Baltimore</u>	
Father's Name <u>George Gowen</u>					Mother's Birthplace <u>Baltimore</u>	
Mother's Maiden Name <u>Jennie Lees</u>					How related to deceased <u>Mother</u>	
Name of person giving Information <u>Mrs Jennie Gowen</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Overdose

⑨

How long

24 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

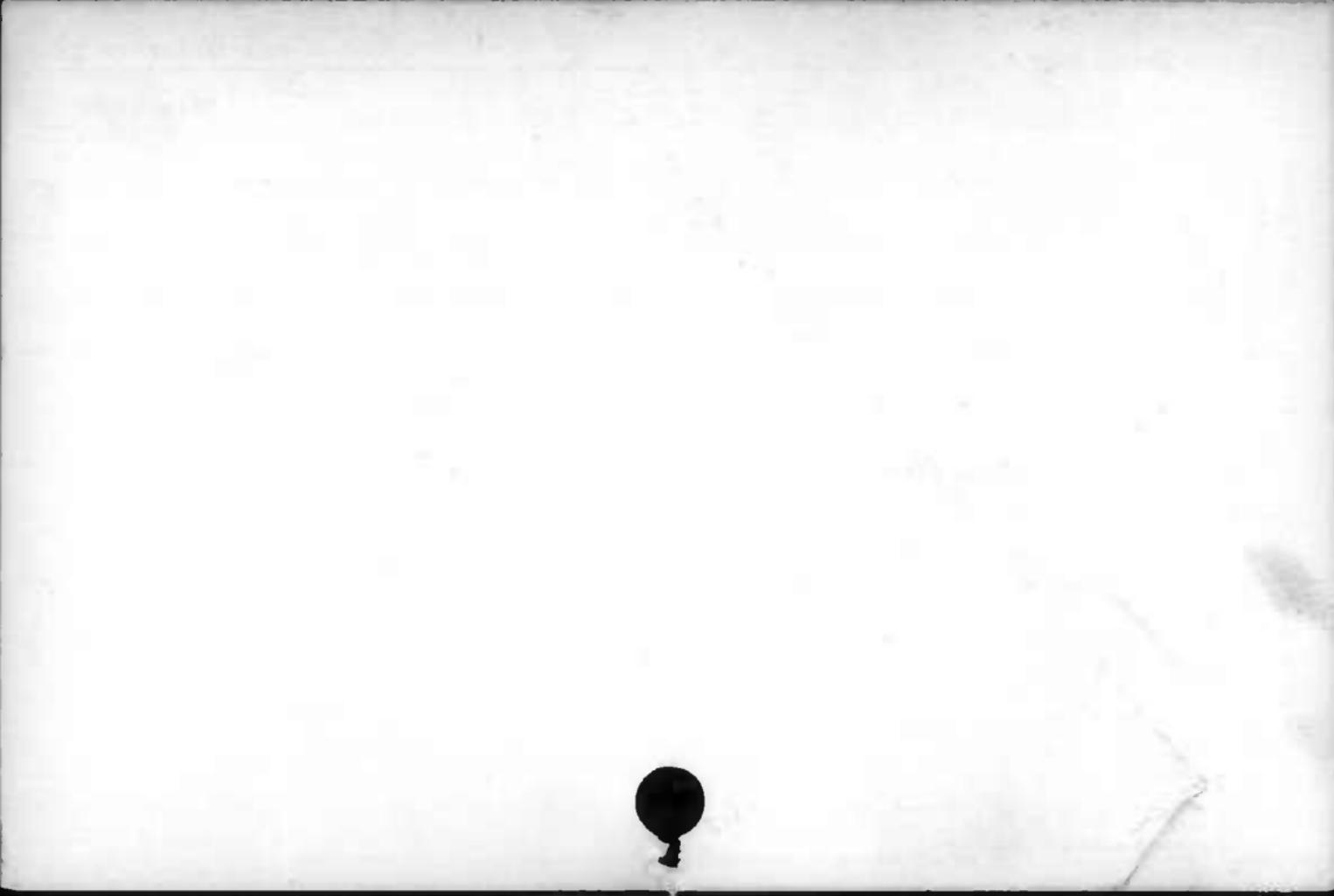
Yes

Signature of Physician

Address

S. A. Bonchen
Bartow Md

Accident or Suicide



Name
in
Full

Longi Graco.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		
Diad at	Humberland - Allegany		MARYLAND	
Date of daath 1908	Month 9	Day 5	Years 17	Months
Sex Male	Color or Race White	Birth place Haily		
Occupation	Whare Reeding if not at place of daath			
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace Haily	
Father's Name Joseph Graco -			Mother's Birthplace " "	
Mother's Maiden Name Valijna Jassardi			How related to deceased Father	
Name of person giving Information Joseph Graco				
CAUSES OF DEATH				
Primary	Hild on Rail Road accident			
Immediate	Crushid to death			
Are the name, age, sex, color, date and place correctly given above ?		Signature of Physician J. H. Haily		
		Address		
		Cimberland Md		

PHYSICIAN
OR CORONER

166

How long

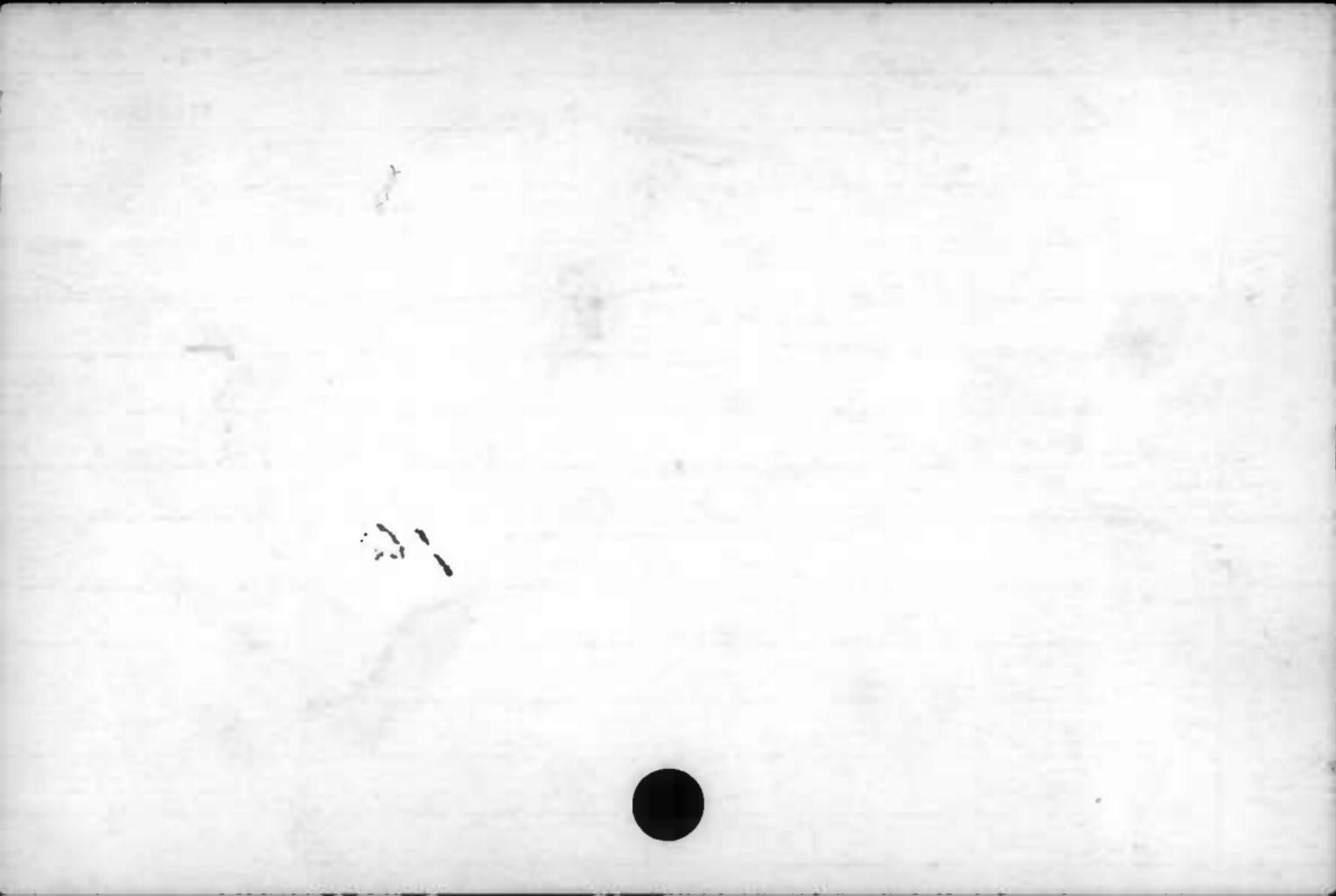
How long

Are the name, age, sex, color, date and place correctly given above ?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

Joseph Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Moscow Mills		County Allegheny	MARYLAND		
Date of death 1908	Month Sept	Day 25	Age —	Years —	Months 1
Sex Male	Color or Race white	Birth- place Moscow			Days 10
Occupation none	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband	—			
Father's Name Patrick Green	Father's Birthplace Ireland				
Mother's Maiden Name Mary Fitzpatrick	Mother's Birthplace Ireland				
Name of person giving Information Mary Fitzpatrick Green	How related to deceased Mother				
CAUSES OF DEATH					
Primary Congenital defects	How long 151 Pneumonia				
Immediate Excessive Jaundice	How long one month				

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

James Q. Bullock,
Isaacson's Md.

Accident or Suicide? No



Name
in
Full

Asaie B Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1908		Month Sept	Day 25	Years 73	Months	Days
Sex Female	Occupation	Color or Race	Where Residing if not at place of death		Birthplace	
Married, Single or Widowed	Widowed	Name of Wife or Husband	Wesley P Hall		Father's Birthplace	England
Father's Name	Charles Safford		Gatherine Riley		Mother's Birthplace	..
Mother's Maiden Name	Gatherine Riley		Gothie Hall		How related to deceased	Daughter
Name of person giving Information						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hemorrhage lung

99

How long

1 day

Immediate

exhaustion

How long

1 hour

Are the name, age, sex, color, date and place correctly given above?

yes

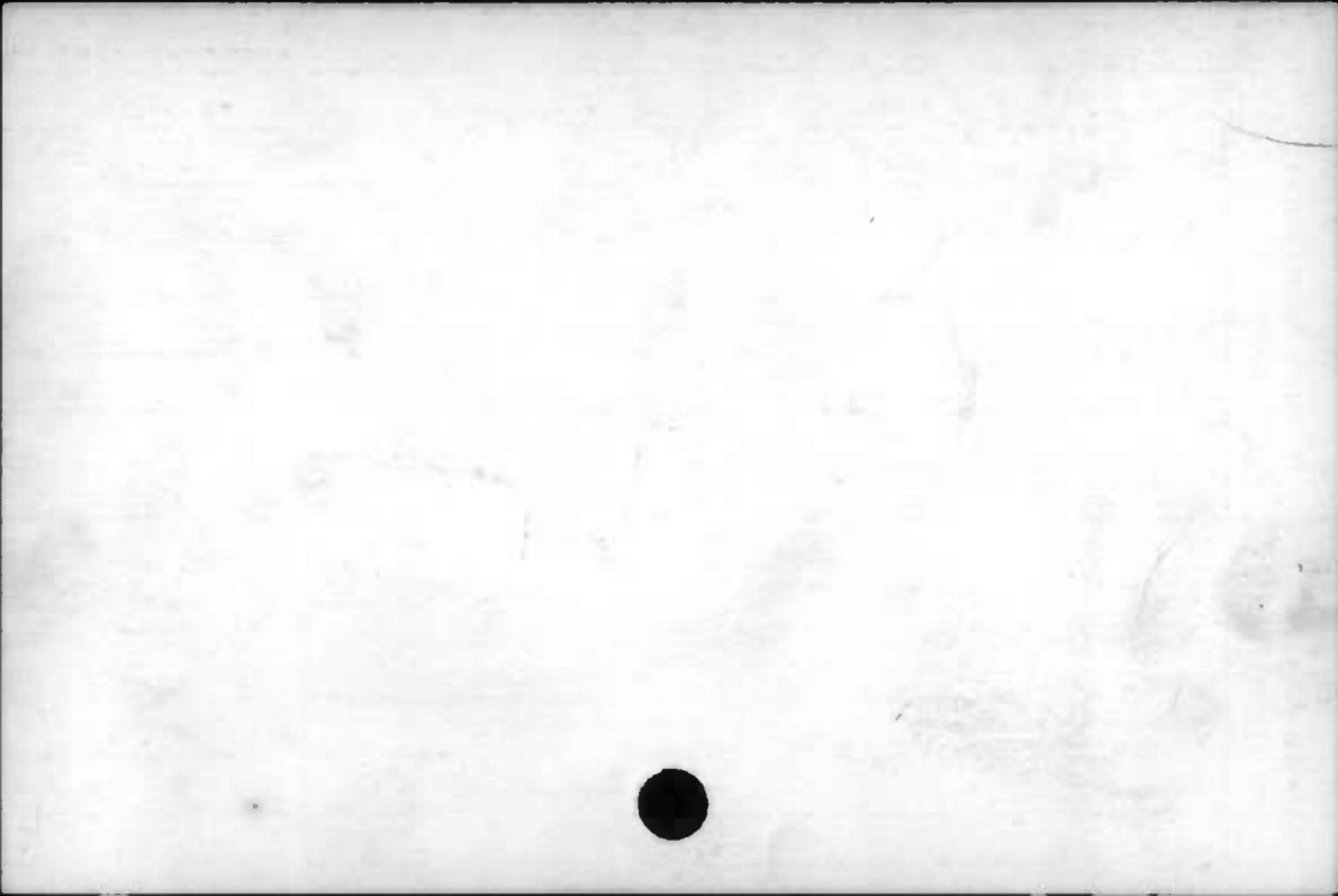
Signature of Physician

Address

F. B. Barpdel
Cumberland Md.
Bardale

Stim Oldham

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Victim William Hammars

CERTIFICATE OF DEATH

Died at <u>105 May</u>		County <u>Allegany</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Sept</u>	Day <u>19</u>	Years	Months <u>6</u>	Days <u>24</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ind Sarap</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace <u>Baltimore</u>	
Father's Name <u>William Hammars</u>		Mother's Maiden Name <u>Bridget O'Brien</u>		Mother's Birthplace <u>New York</u>	
Name of person giving information <u>Button Hammars</u>		How related to deceased <u>Sister</u>			

CAUSES OF DEATH

105

Primary Infant

How long 2 wks

Immediate Infant

How long 3 days

Are the name, age, sex, color, date and place correctly given above?

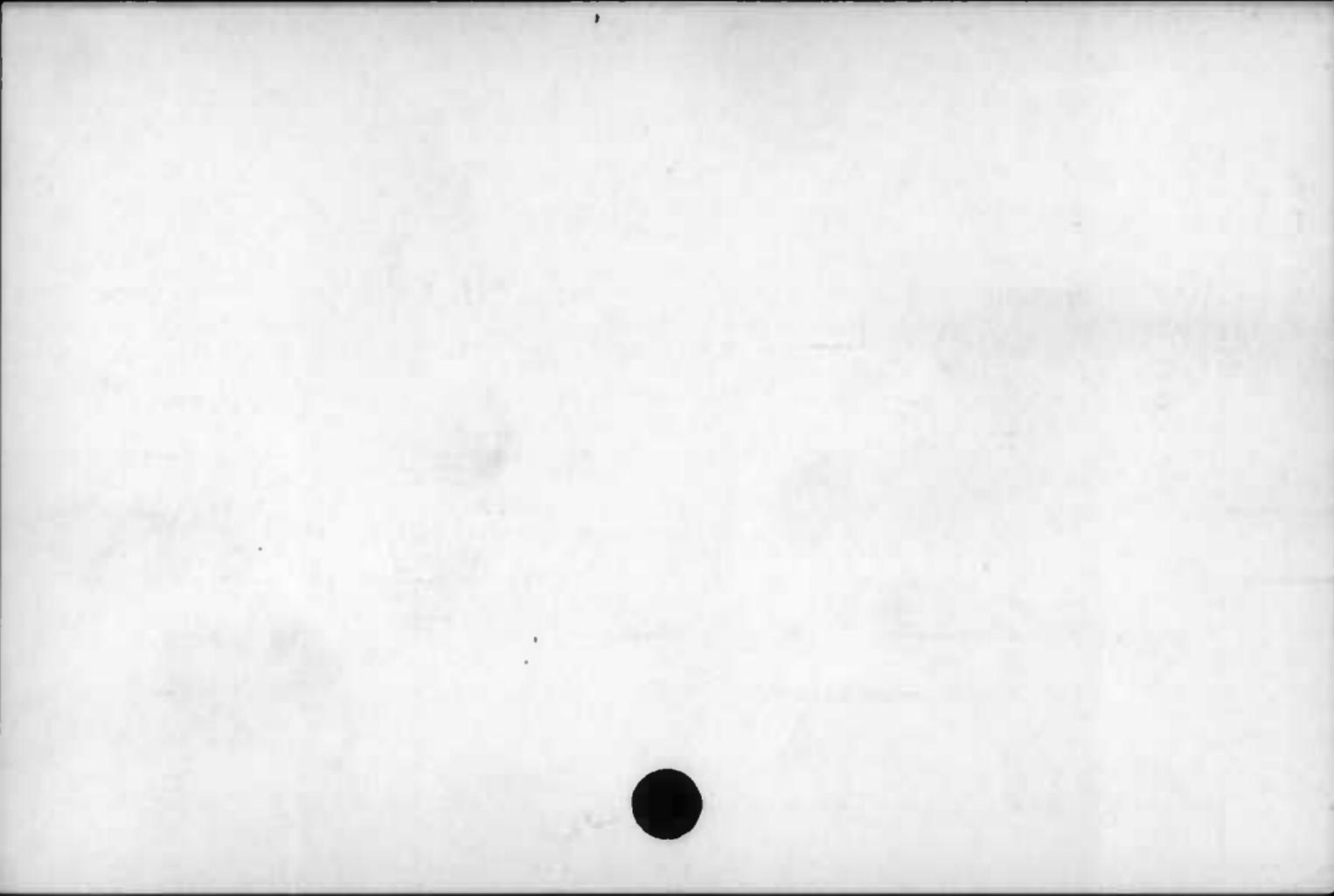
Signature of Physician

g

Address

F. Alan G. Murray
Ind Sarap
Ind Sarap
Ind Sarap

Accident or Suicide?



Name
in
Full

Walter W. Hanson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Cumberland		allegany					
Date of death	1908	Month Sept	Day 10	Years 29	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Frostburg		
Occupation	Clerk	Where Raising if not at place of death			Frostburg		
Married, Single or Widowed	Married	Name of Wife or Husband	Annie				
Father's Name	James Hanson			Father's Birthplace	England		
Mother's Maiden Name	Frances Dugan			Mother's Birthplace	Md		
Name of person giving Information	James Hanson			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hyphoid Fever

1

How long

38 days

Immediate

Who cough

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. Scam

Professional
Cumberland Md

Accident or Suicide



Name
in
Full

Sarah A. Helfrich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Sept.	Day 10	Year 70-	Month	Days	
Sex	Female	Color or Race	White		Birth-place	Philadelphia Pa	
Occupation	House Keeper -		Where Residing if not et place of death		-		
Married, Single or Widowed	Widow	Name of Husband	Randolph -		Father's Birthplace	Syracuse	
Father's Name	John. Hordel.		-		Mother's Birthplace	Don't know	
Mother's Maiden Name	Do not know		-		How related to deceased	Son	
Name of person giving Information	John J. Helfrich		-		How long	you works	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Chronic nephritis -

Immediate Th. Jochman

Are the name, age, sex, color, date
and place correctly given above ?

Definite

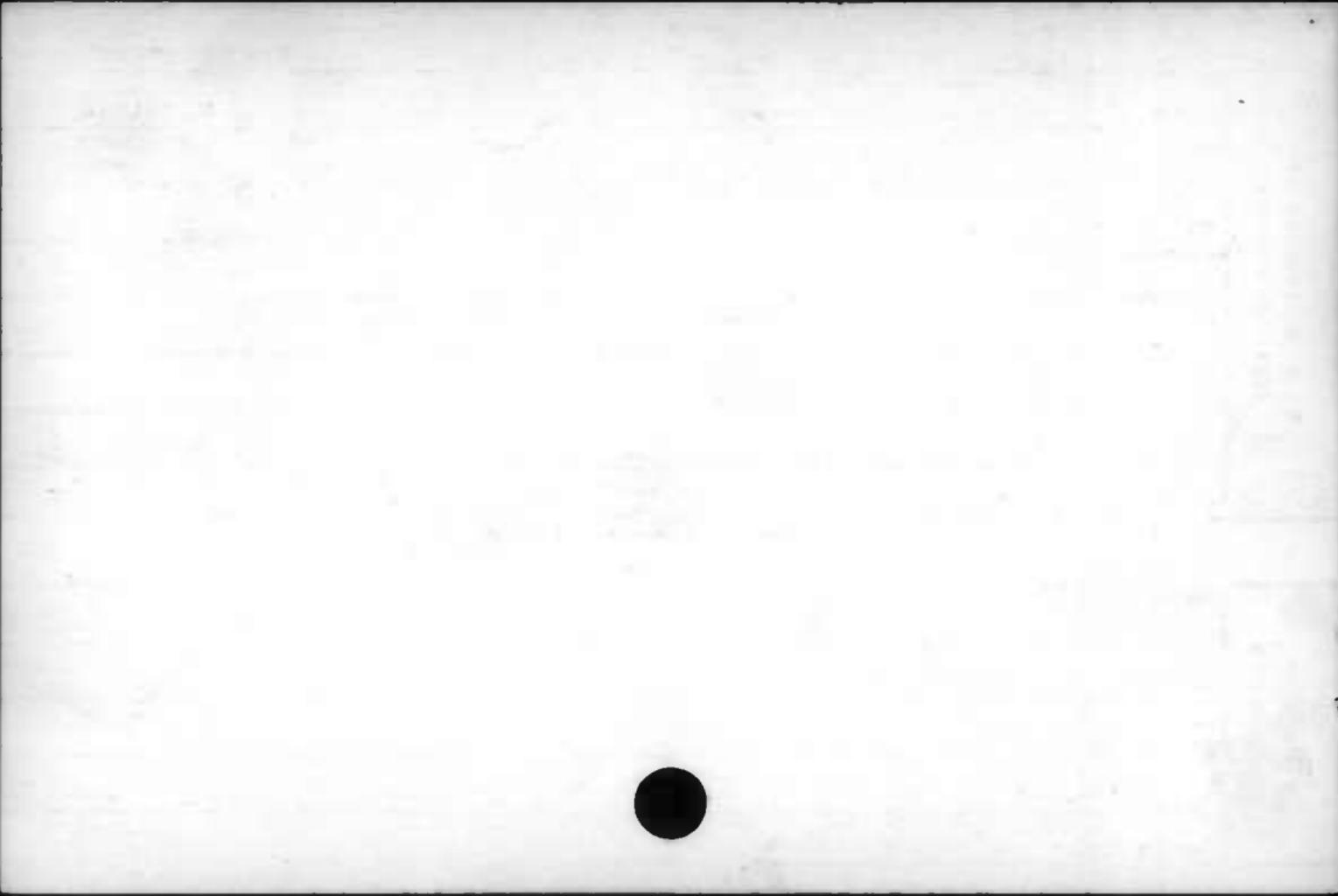
Accident or Suicide

Signature of
Physician

Address

J. Th. Jochman

Jochman



Name
in
Full

Henry Houte

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Cumberland</u>		County <u>Allegany</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Sept</u>	Day <u>14</u>	Age <u>31</u>	Years	Months
Sex <u>male</u>	Color or Race <u>White</u>	Birthplace <u>Md</u>		Days	
Occupation <u>Farmer</u>	Where Residing if not et place of death		—		
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Kanoni Harrison</u>	Father's Name <u>John Houte</u>		Father's Birthplace <u>Germany</u>	
Mother's Maiden Name <u>Johanna M. Duggar</u>	Mother's Name <u>Kanoni Houte</u>		Mother's Birthplace <u>Birmingham</u>		How related to deceased <u>Wife</u>
Name of person giving Information <u>Kanoni Houte</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Henry
Immediate Diabetes

Are the name, age, sex, color, date
and place correctly given above?

John

Accident or Suicide

Signature of
Physician

Address

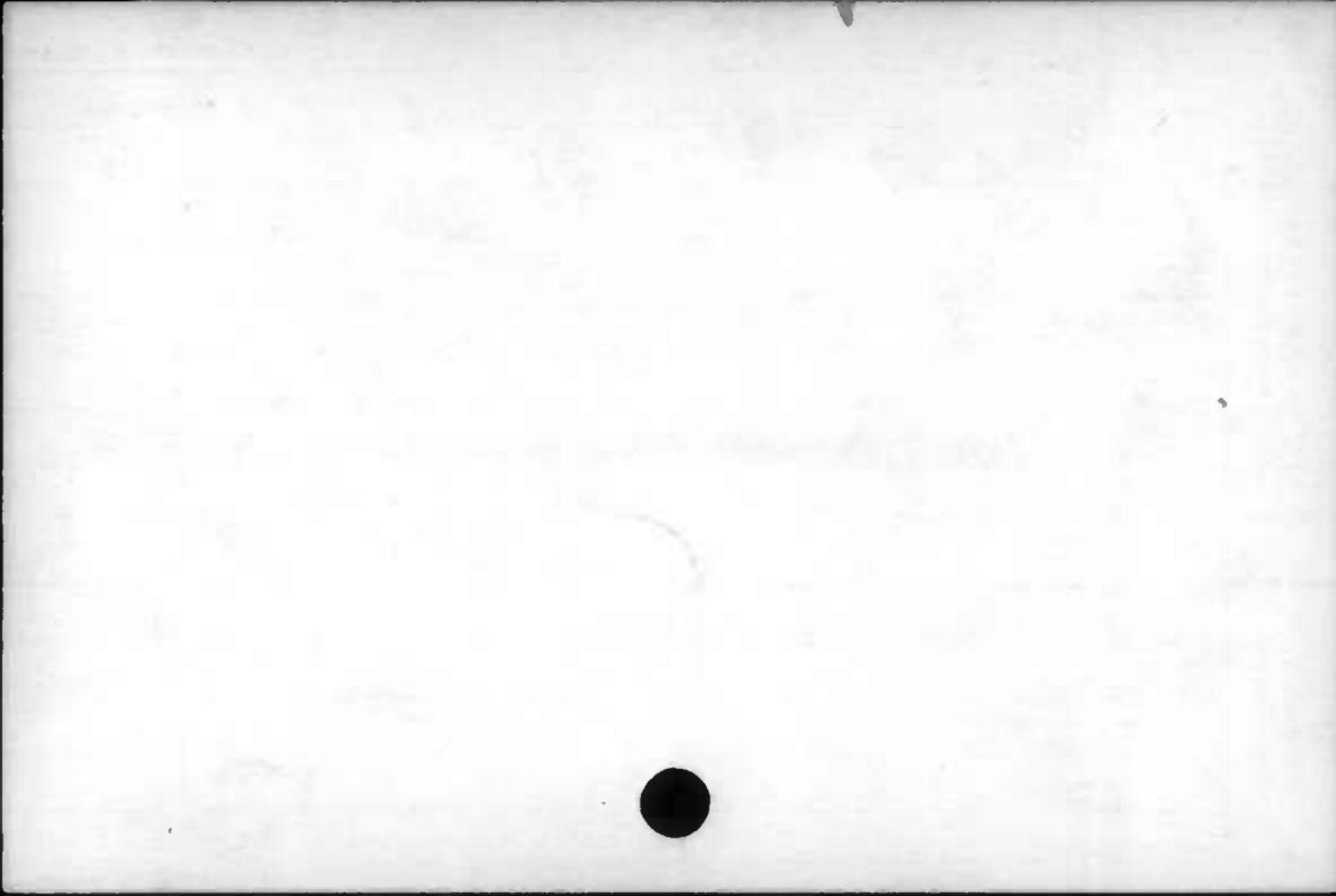
50

How long

1 week

2 years

Thos. W. Hoad
Worchester, Md



Name
in
Full

Frederick Norton Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lonaconing</u>		Town	County <u>Allegany</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>Sept</u>	Day <u>30</u>	Age <u>74</u>	Months <u>7</u>	Days <u>16</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>England</u>			
Occupation <u>None</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sarah Willbourn</u>				
Father's Name <u>Willbourn Jones</u>	Father's Birthplace <u>England</u>				
Mother's Maiden Name <u>Emerson</u>	Mother's Birthplace <u>England</u>				
Name of person giving information <u>Mrs. Fred. Jones</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage

64

How long

2 weeks

Immediate

"

Are the name, age, sex, color, date and place correctly given above?

Yes

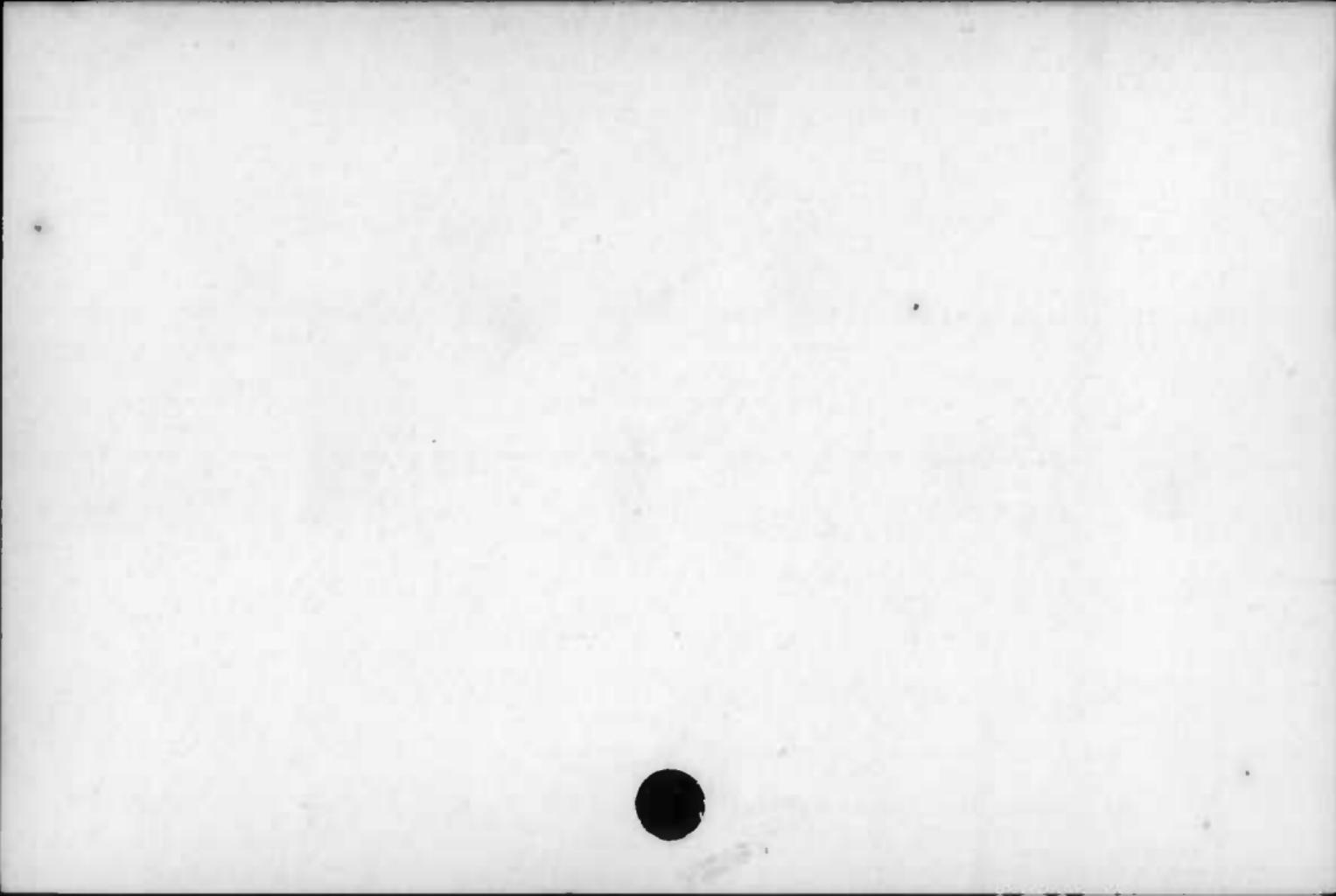
Signature of Physician

Address

Henry Dr. Hodges & Co.
Lonaconing, Md.

Accident or Suicide?

No



Name
in
Full

W. Grant Layman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Korman B. Layman ✓				
Mother's Maiden Name	Rebecca Endfield				
Name of person giving information	R. D. Layman				

CAUSES OF DEATH

98

PHYSICIAN
OR CORONER

Primary

Ulcers & Liver - Emphysema.

How long

6 years

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Henriette Lear

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Tumbloland

Town

County

MARYLAND

Date of death 1908

Month

Day

Years

Months

Days

Sept

14

Age

70

4

7

Sex Female

Color or
Race

White

Birth-
place

Germany

Occupation

House Keeper.

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of W
Husband

Auguste

Father's
Name

Do not know

Father's
Birthplace

Germany

Mother's
Maiden Name

Do not know

Mother's
Birthplace

Germany

Name of person giving
Information

Augusta Barrer

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Cancer of Stomach small metast

Immediate

Paralysis of Heart

40

Hour

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

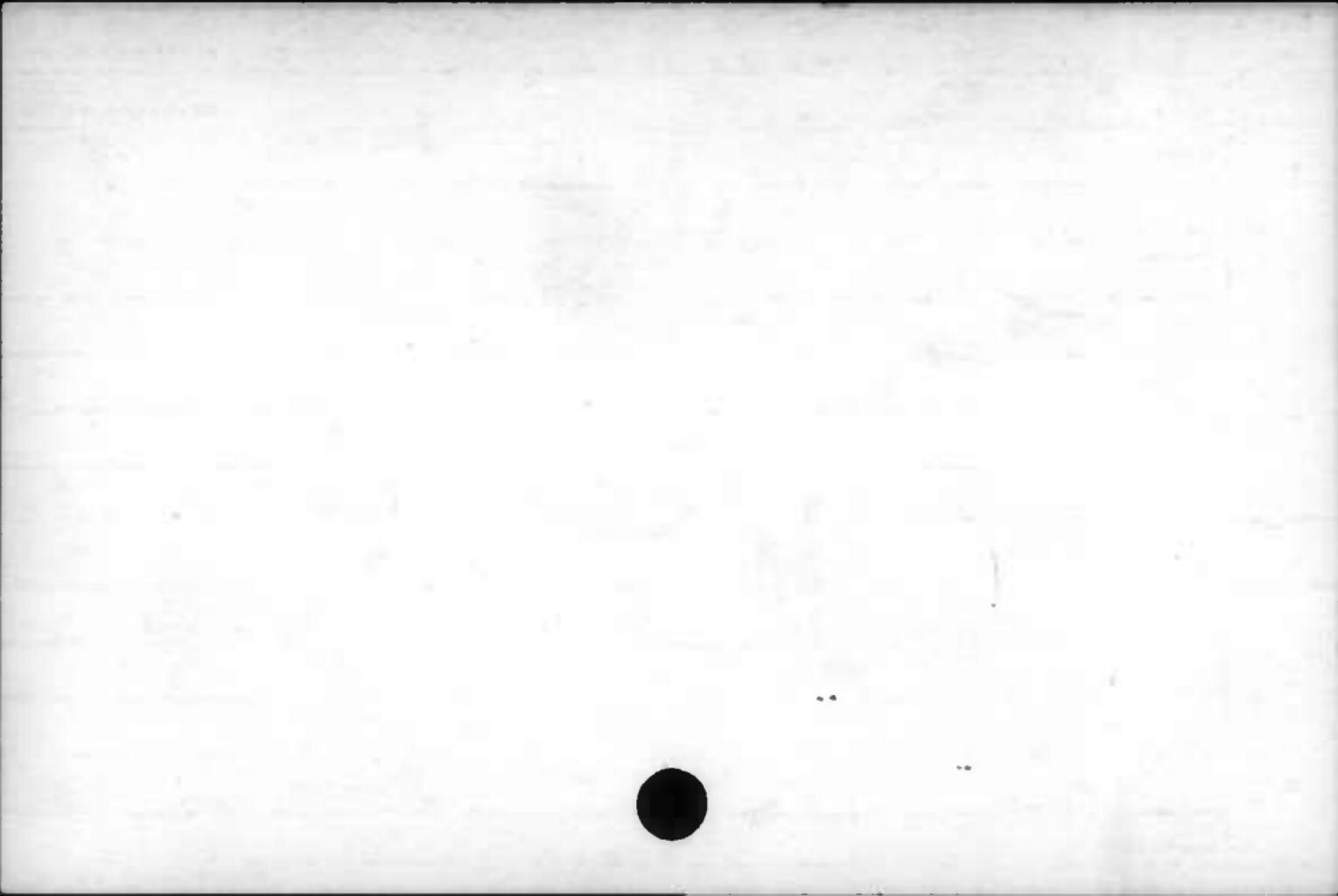
Address

Yes

Steeni

Office address
Tumbloland

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Dr. Harry Little				CERTIFICATE OF DEATH			
At Cumberland		County Allegany		MARYLAND			
Date of death 1908	Month Sept.	Day 24	Age	Years	Months	Days	
Sex Female	Color or Race		white	Birth-place	Half hour Maryland		
Occupation None	Where Residing if not at place of death						
Married, Single or Widowed Single	Name of Wife or Husband		none				
Father's Name Harry Little						Father's Birthplace	Maryland
Mother's Maiden Name Mary A. Jackson						Mother's Birthplace	Maryland
Name of person giving Information	Mary A. Jackson					How related to deceased	Mother
CAUSES OF DEATH							
Primary	Intrauterine 5 mos.						
Immediate	Exhaustion						
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W. R. Hodges M. D.			
			Address	Cumberland, Md.			

PHYSICIAN
OR CORONER

✓ Accident or Suicide?

151

5200
15
375-0

Name
in
Full

Mary Margrette Marean
Town County
Cumberland Alleg.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

Month

Day

Year

Date
of death

1908

Sept.

7

4

Month

Days

Sex

Female

Color or
Race

White

Birth-
place

Cumberland

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Raymond Marean

Father's
Birthplace

Cumberland

Mother's
Maiden Name

Elizabeth Powers

Mother's
Birthplace

Cumberland

Name of person giving
Information

Marean

How related
to deceased

Mother

CAUSES OF DEATH

167

Primary

Burns
shack

How long

—
3 hours

Immediate

Yes

How long

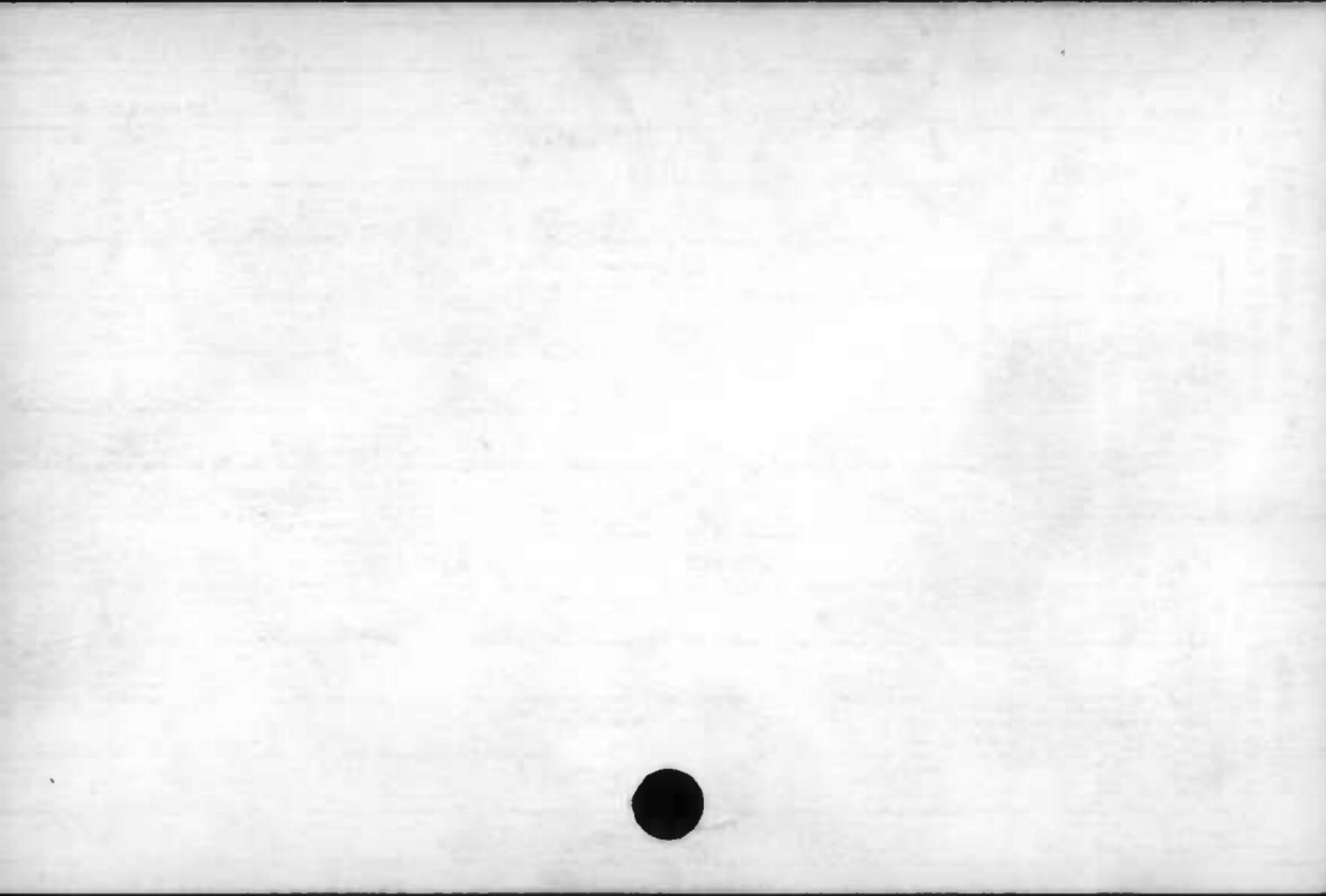
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

James J. Johnson, M.D.
Cumberland Md.

Accident or Suicide



Name
in
Full

Mary b Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Edmond Town Alleg County MARYLAND
Date of death 1908 Sept 17 Month Sept Day 17 Year 26 - Months 1 Days 1
Sex Female Color or Race White Birthplace Md
Occupation none Where Residing if not at place of death —
Married, Single or Widowed Single Name of Wife or Husband Not married
Father's Name James Martin Father's Birthplace Scotland
Mother's Maiden Name Mary Muir Mother's Birthplace Md
Name of person giving Information James Martin How related to deceased Father

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

8 mo.

Immediata

Cerebral

How long

17 hrs.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes Yes

Signature of Physician

Address

Edward Harris
Crown Surface
Hardwood.

Accident or Suicide

None



Name
in
Full

Thomas McCutcheon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Burton</u>		Town <u>Allegany</u>		County <u>MARYLAND</u>	
Date of death <u>1908</u>	Month <u>Sept</u>	Day <u>12th</u>	Age <u>71</u>	Months <u>8</u>	Days <u>12</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Ireland</u>			
Occupation <u>Miner</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>widower</u>	Name of Wife or Husband <u>Martha McCutcheon</u>	Father's Birthplace <u>Ireland</u>			
Father's Name <u>Andrew McCutcheon</u>	Mother's Birthplace <u>Ireland</u>				
Mother's Maiden Name <u>Ellen Minnis</u>	How related to deceased <u>Daughter</u>				
Name of person giving Information <u>Ellen McCutcheon</u>					

CAUSES OF DEATH

40

How long

How long

PHYSICIAN
OR CORONER

Primary

Probably Cancer of Stomach

Immediate

Gastritis & exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

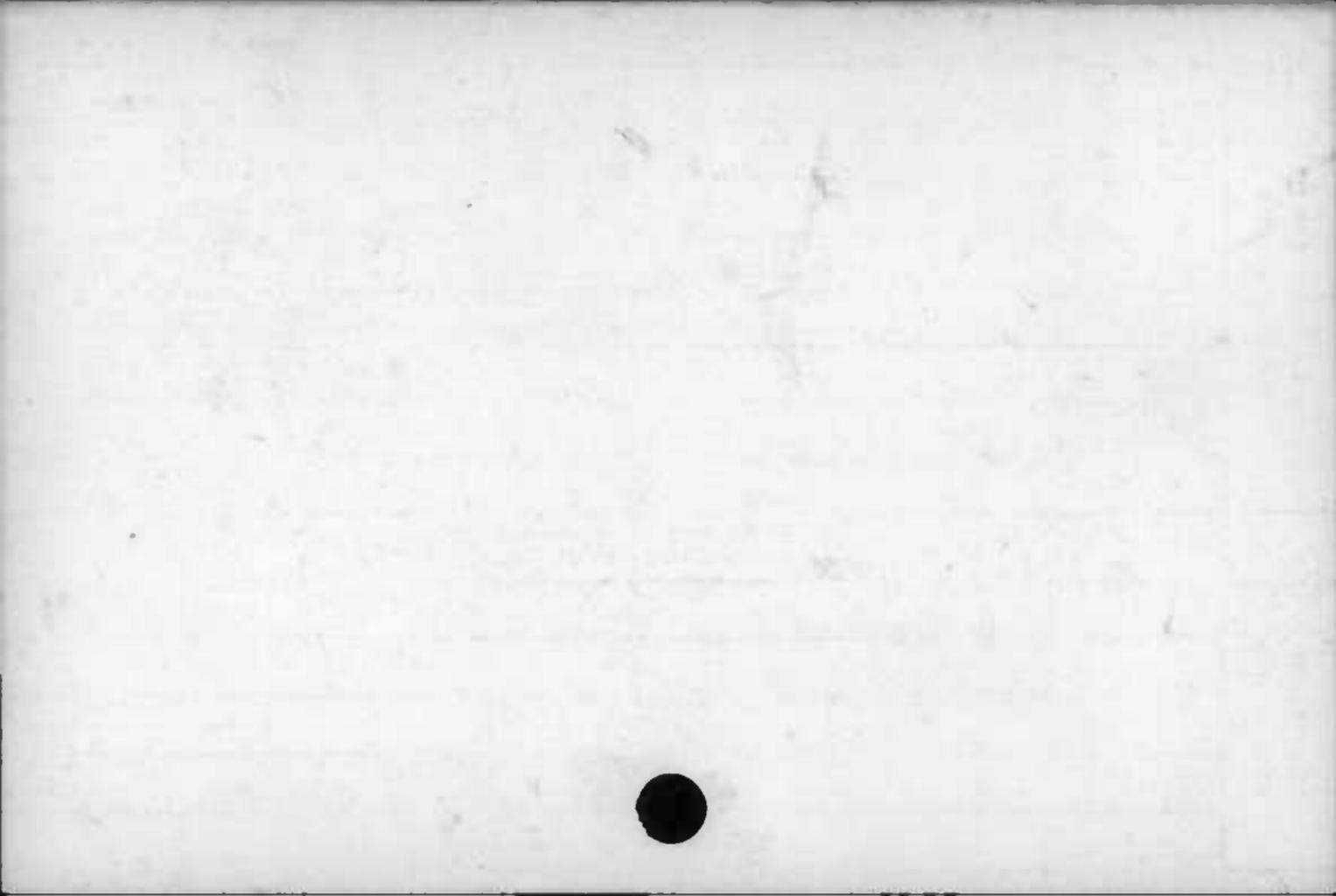
Signature of Physician

Address

A. Boucher

Burton Md

Accident or Suicide?



Name
in
Full

John W. Namee.
Town
ned at Tomberlane
Date 1908 Month Sept. Day 10. Age 1
f death

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Died at <u>Emmertowne</u>		County <u>Allegany</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>Sept.</u>	Day <u>10.</u>	Age <u>-</u>	Months <u>-</u>	Days <u>one</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Emmertowne</u>				
Occupation <u>none</u>	Where Residing if not at place of death <u>-</u>					
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>-</u>					
Father's Name <u>John Joseph W² Namee</u>			Father's Birthplace <u>S. Dotokota</u>			
Mother's Maiden Name <u>Julie Cashman</u>			Mother's Birthplace <u>Martinsburg</u>			
Name of person giving information <u>John J. W² Namee</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

176

Primary

Good Presentations

Immediate

For presentation
Asphyxia
age, sex, color, date
correctly given above ?
Signature of Physician
Address

How long

Are the pa-

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>J. F. Stein</i>	<i>J. F. D. Duggan, Cambridge, Mass.</i>
Address	

**Signature of
Physician**

Adams

135 Penn ave.

MacLouday w. m.

Berkely Co.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Irvin C. Neff

CERTIFICATE OF DEATH

Town		County		MARYLAND	
Died at	Cumberland	Allegany		Montha	Days
Date of death	1908 Sept 19	Day	Years	-	-
Sex	Male.	Color or Race	Age	72	
Occupation	Retired	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	James		
Father's Name	Himmo		Father's Birthplace	H. B. Md.	
Mother's Maiden Name	Eliza Grimm		Mother's Birthplace	" " Md.	
Name of person giving Information	J.W. Neff.		How related to deceased	son.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage

64

How long

30 hours

Immediate

Paralysis

How long

30 hours

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

W. J. Neff, M.D.
Cumberland, Md.

Accident or Suicide

The From
Board of Health

G. G. Loder

May 24, 1889

No 39 Deaths

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Edith North
Cumberland

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date
of death

1908

Month

Sept

Day

27

Years

24

Months

—

Days

Sex

Female

Color or
Race

White

Birth-
place

Hartmansville

WV

Occupation

Nurse

Where Reiding if not
at place of death

Keyser W Va

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Birthplace

WV

Father's
Name

J. E. North

Mother's
Birthplace

WV

Mother's
Maiden Name

Mary E. Rogers

How related
to deceased

WV

Name of person giving
Information

CAUSES OF DEATH

①

Primary

Typhoid Fever

How long

2 weeks

Immediate

Meningitis

How long

3 days

PHYSICIAN
OR CORONER

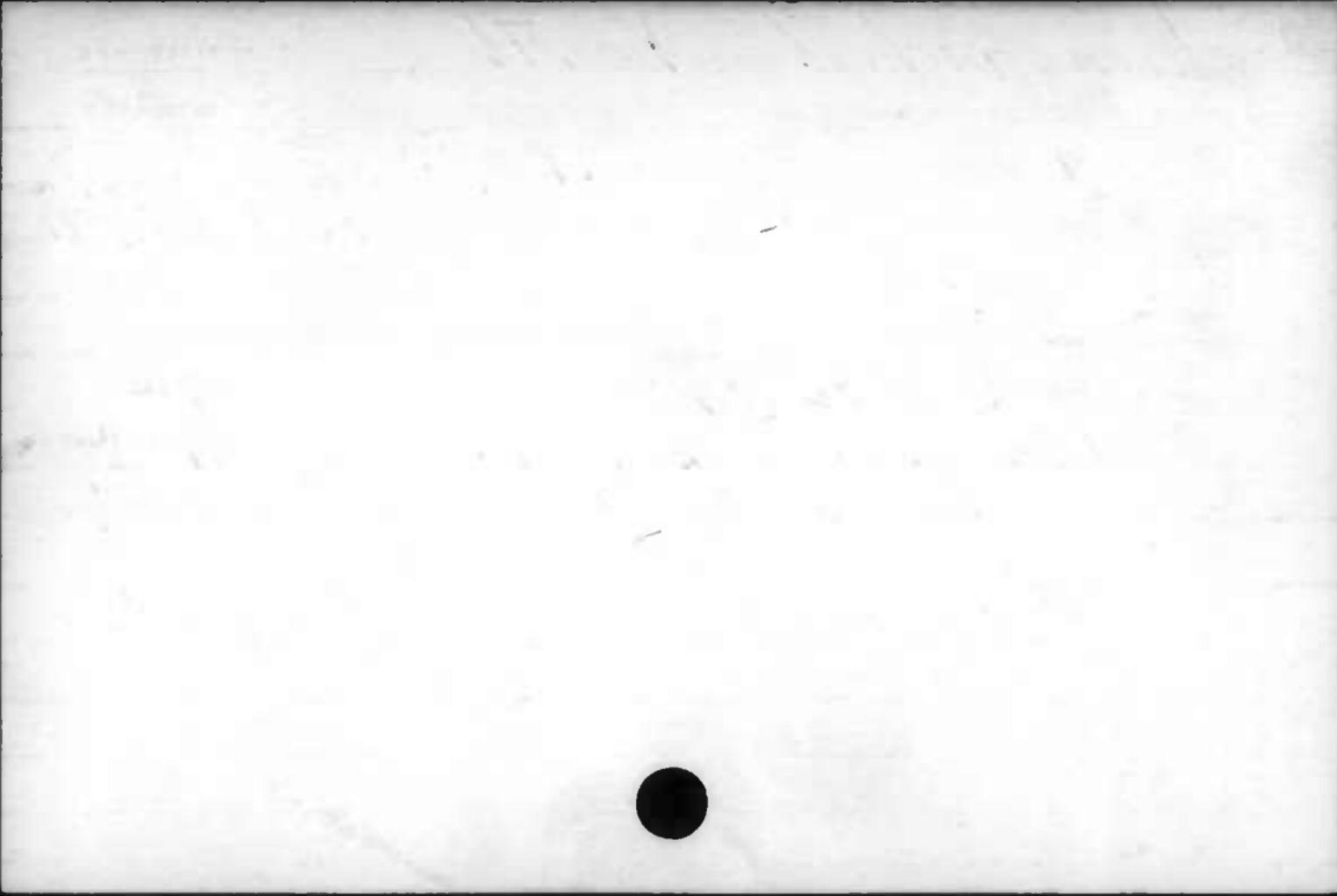
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

E. G. Dwyer M.D.
Cumberland MD

Accident - Suicide



Name
in
Full

Bridget O'Brien

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Year	Months	Days
Sex	Color or Race	Age	80		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Patrick O'Brien			
Father's Name	Patrick O'Reilly				Father's Birthplace
Mother's Maiden Name	Julia O'Terrall				Mother's Birthplace
Name of person giving information	Jas Hammars				How related to deceased

CAUSES OF DEATH

154

How long

1 year

3 days

PHYSICIAN
OR CORONER

Primary

Lunacy

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

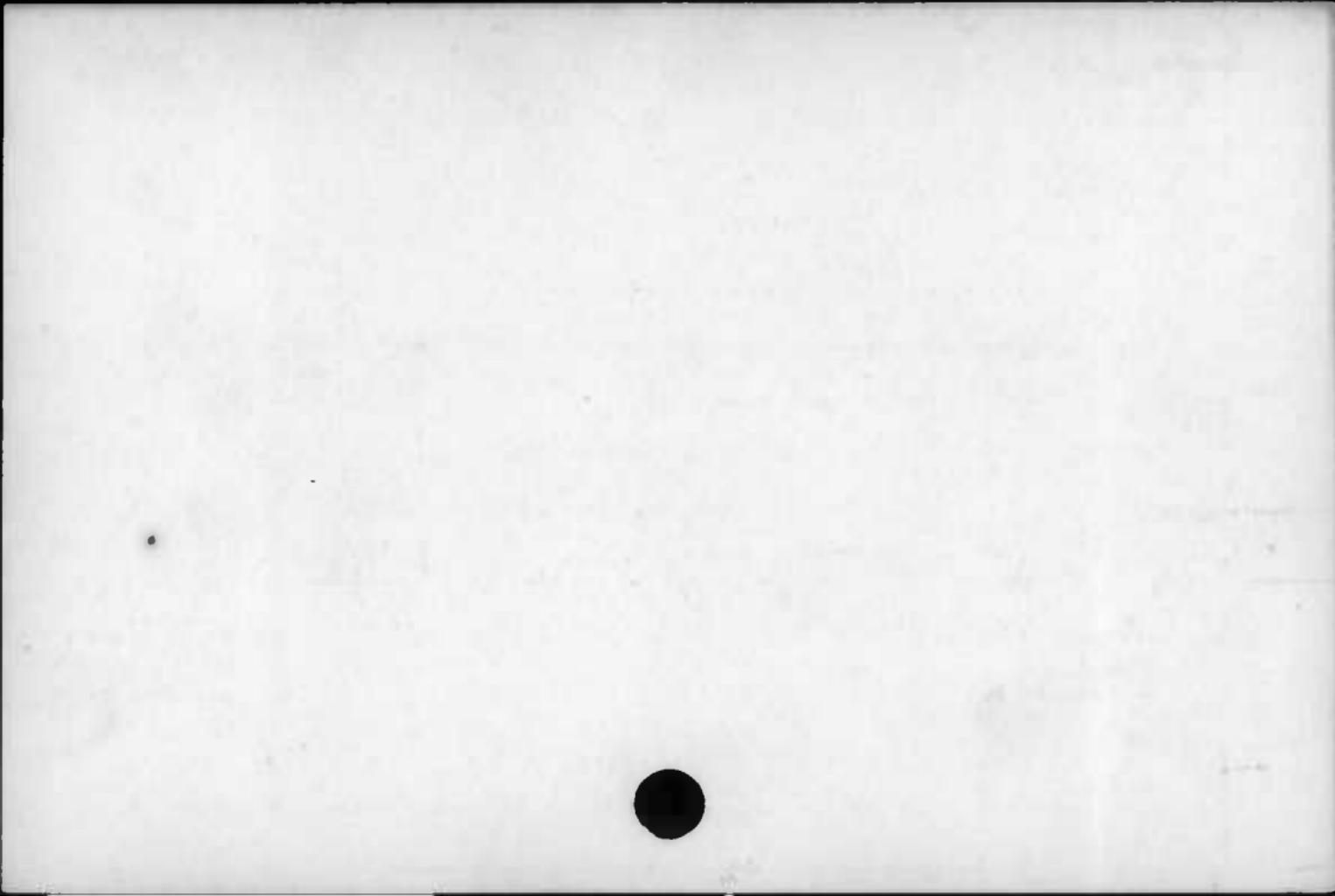
Signature of Physician

F. Alan G Murray

Address

1st Savage
Md

Accident or Suicide?



Name
in
Full

G. C. Dierge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Died at		Town		County		MARYLAND		
Eminence		Allegany						
Date of death	Month	Day	Years	Age	Month	Days		
1908	9	28	23	23				
Sex	Color or Race		Birth-place					
Male	White		Rowlesburg					
Occupation			Where Residing if not at place of death					
Brewer			Grafton W. Va					
Married, Single or Widowed	Name of Wife or Husband							
Single	None							
Father's Name	James L. Pierce		Father's Birthplace					
Mother's Maiden Name	Virginia Boundary		W. Va.					
Name of person giving information	W. E. Goss		Mother					
			How related to deceased					

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address:



Name
in
Full

Carrie Reister

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Month

Day

Years

Month

Days

Date
of death

1908 Sept 26

Age

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Jonathan D Reister

Father's
Birthplace

2nd

Mother's
Maiden Name

Beulie Keller

Mother's
Birthplace

2nd

Name of person giving
Information

J.D. Reister

How related
to deceased

Father

CAUSES OF DEATH

105

How long

10 days

Primary

Enteric colitis

6 hrs

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

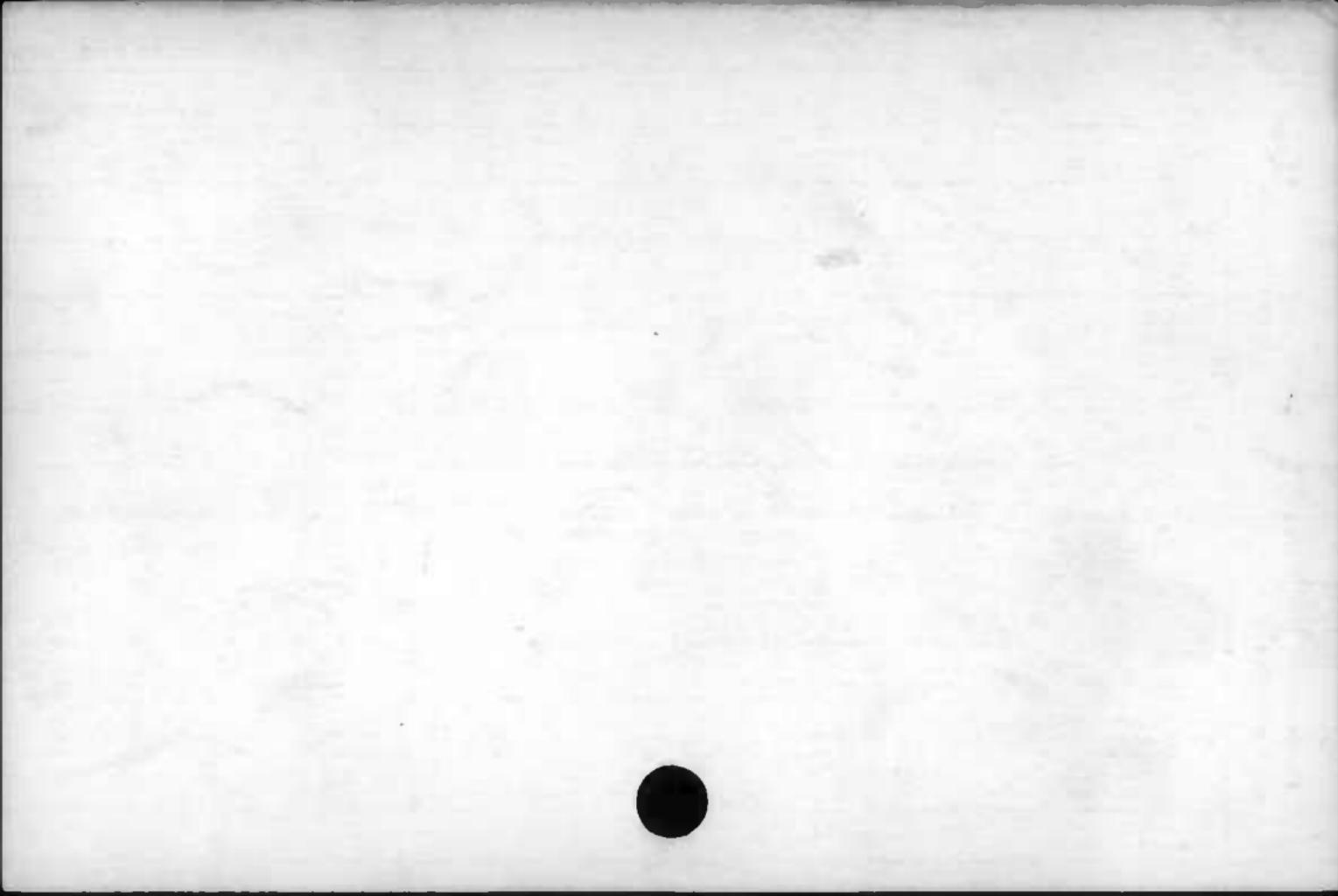
Address

Edward Harris
Cumberland
Maryland

PHYSICIAN
OR CORONER

Accident or Suicide

no.



Name
in
Full

Tony Ron

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Cumberland

County

alley.

MARYLAND

Date
of death

1908

Month

Sept

Day

29

Years

28

Months

—

Days

—

Sex

Male

Color or
Race

Italian

Birth-
place

Italy.

Occupation

Labores

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Birthplace

Don't know

Father's
Name

Do not know

Mother's
Maiden Name

" " "

Mother's
Birthplace

" " "

Name of person giving
Information

L. J. Stein

How related
to deceased

Unrelated

Primary

involving
Cancer of Spleen & Descending Colon

41

Immediate

"

"

"

How long

D. K.

How long

D. K.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

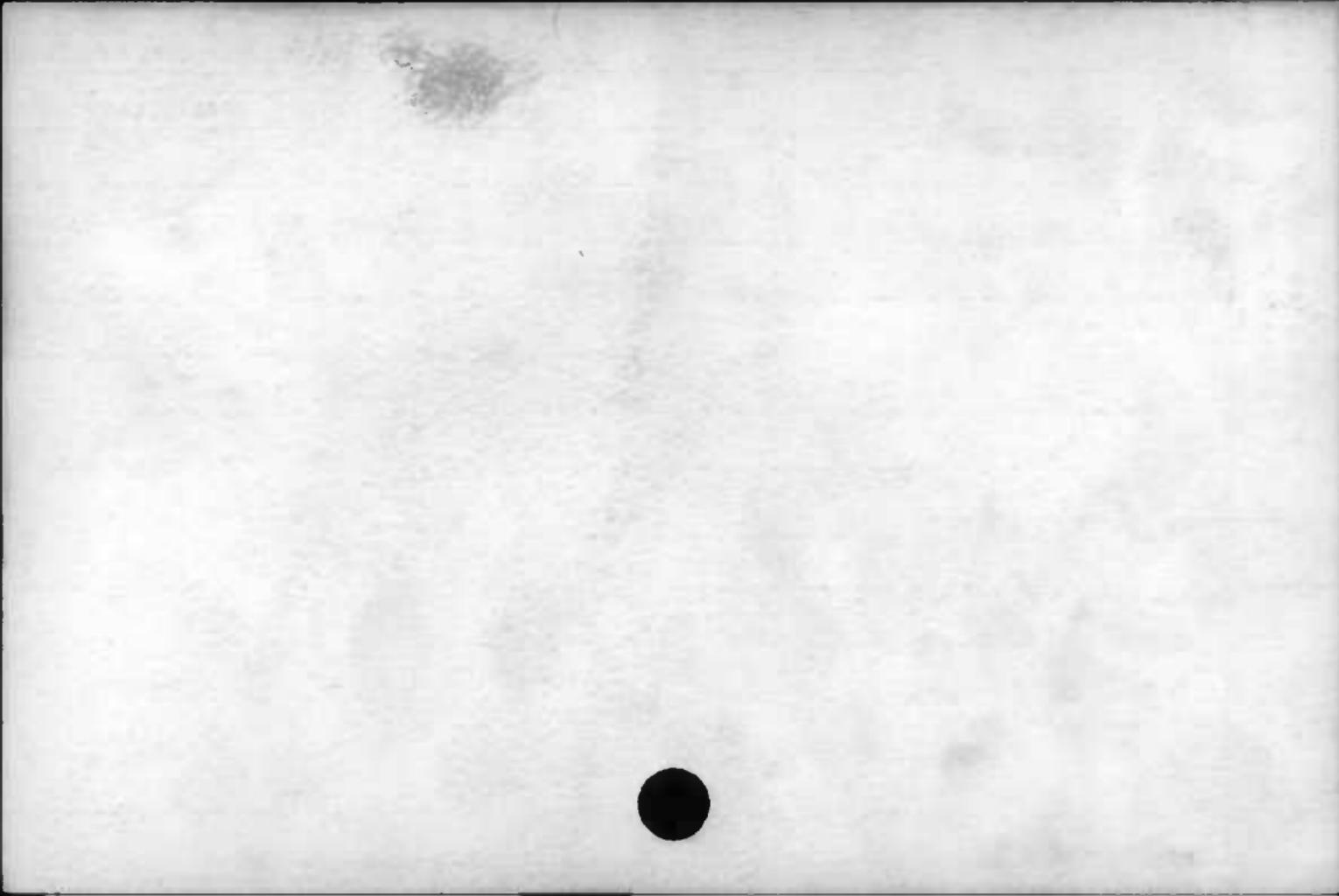
Address

A. H. Hawkins
Cumberland
Md

J. Stein

Accident or Suicide

X



Name
in
Full

Virginia Isaac Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Cumberland

County

Alleg

MARYLAND

Date
of death

Month

Day

Years

Age

8

Montha

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Cumberland

Occupation

None

Whare Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father'a
Birthplace

Md

Father's
Name

William Russell

Mother'a
Maiden Name

Anna Hawkins

Mother's
Birthplace

Md

Name of person giving
Information

William Russell

How related
to deceased

Father

CAUSES OF DEATH

27

Primary

Acute miliary tuberculosis 3 mets

How long

Immediate

Exsudation 2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Surgeon Steam
1043. Mechanic
Stamps

PHYSICIAN
OR CORONER

Accident or Suicida

no

deck
pencil

Name
in
Full

Elever Lebret

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1908	Month	Day	Years	Months	Days
Sex	Male		Color or Race	Md		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	S		Name of Wife or Husband			
Father's Name	Sutler Lebret		Father's Birthplace		Va.	
Mother's Maiden Name	Mary Lewis		Mother's Birthplace		Md.	
Name of person giving information	W. Lebret		How related to deceased			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Entero colitis	
Immediate	Peritonitis	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician

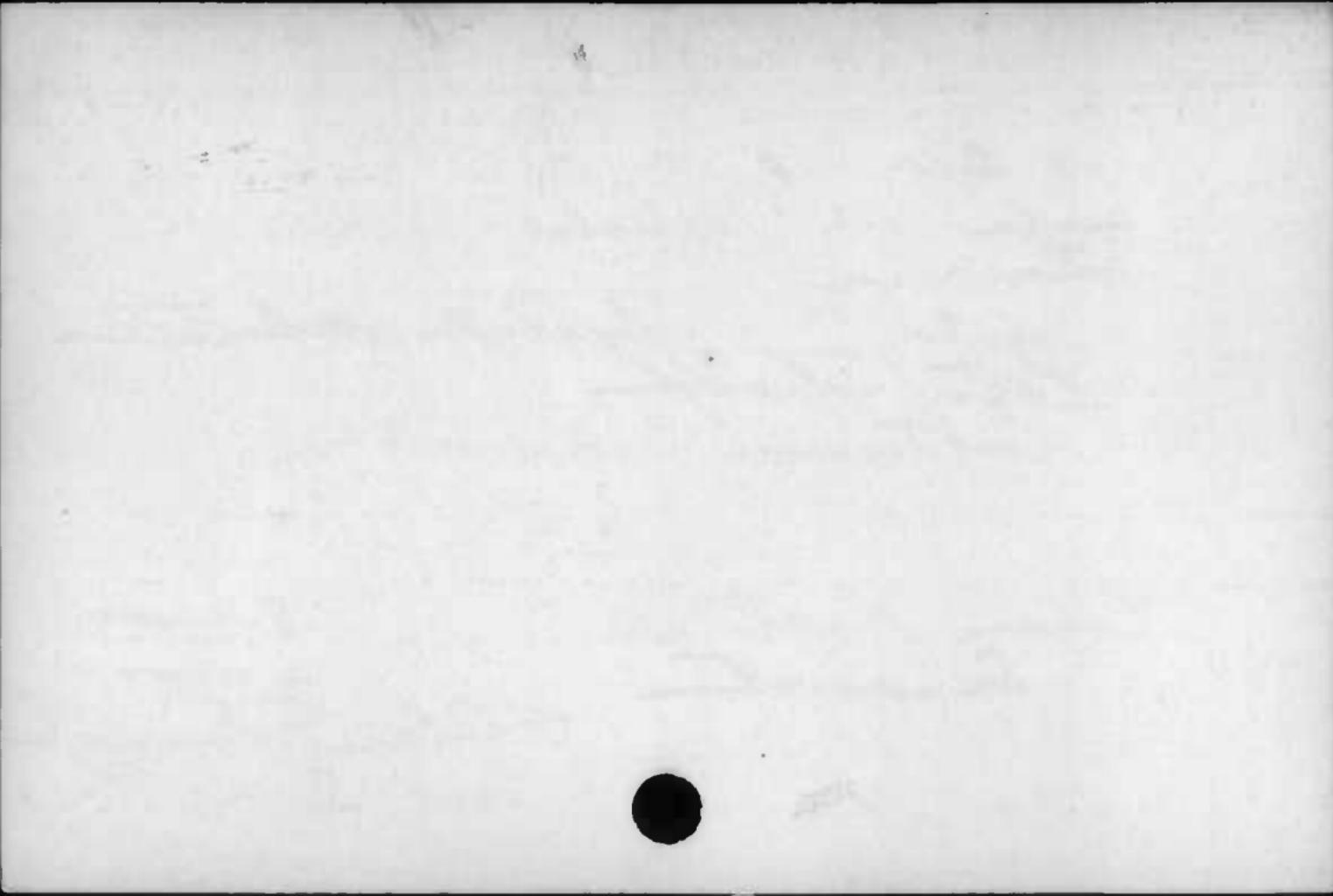
J

Signature of Physician

Address

J. B. Price

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John P. Shaff

CERTIFICATE OF DEATH

Died at <u>mt Savage</u>		Town	County <u>allegany</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>Sept</u>	Day <u>10</u>	Years <u>71</u>	Age	Months <u>3</u>	Days	
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Pa.</u>				
Occupation <u>Labour</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>Elisabeth Hochstetler</u>		Father's Birthplace <u>Bedford Pa.</u>				
Father's Name <u>Peter Shaff</u>			Mother's Birthplace <u>Bedford Pa.</u>				
Mother's Maiden Name <u>Catherine Andrew</u>			How related to deceased <u>41</u>				
Name of person giving information							

CAUSES OF DEATH

Primary Cancer Rectum 41 How long 8 mos
Immediate Exhaustion How long 2 mos

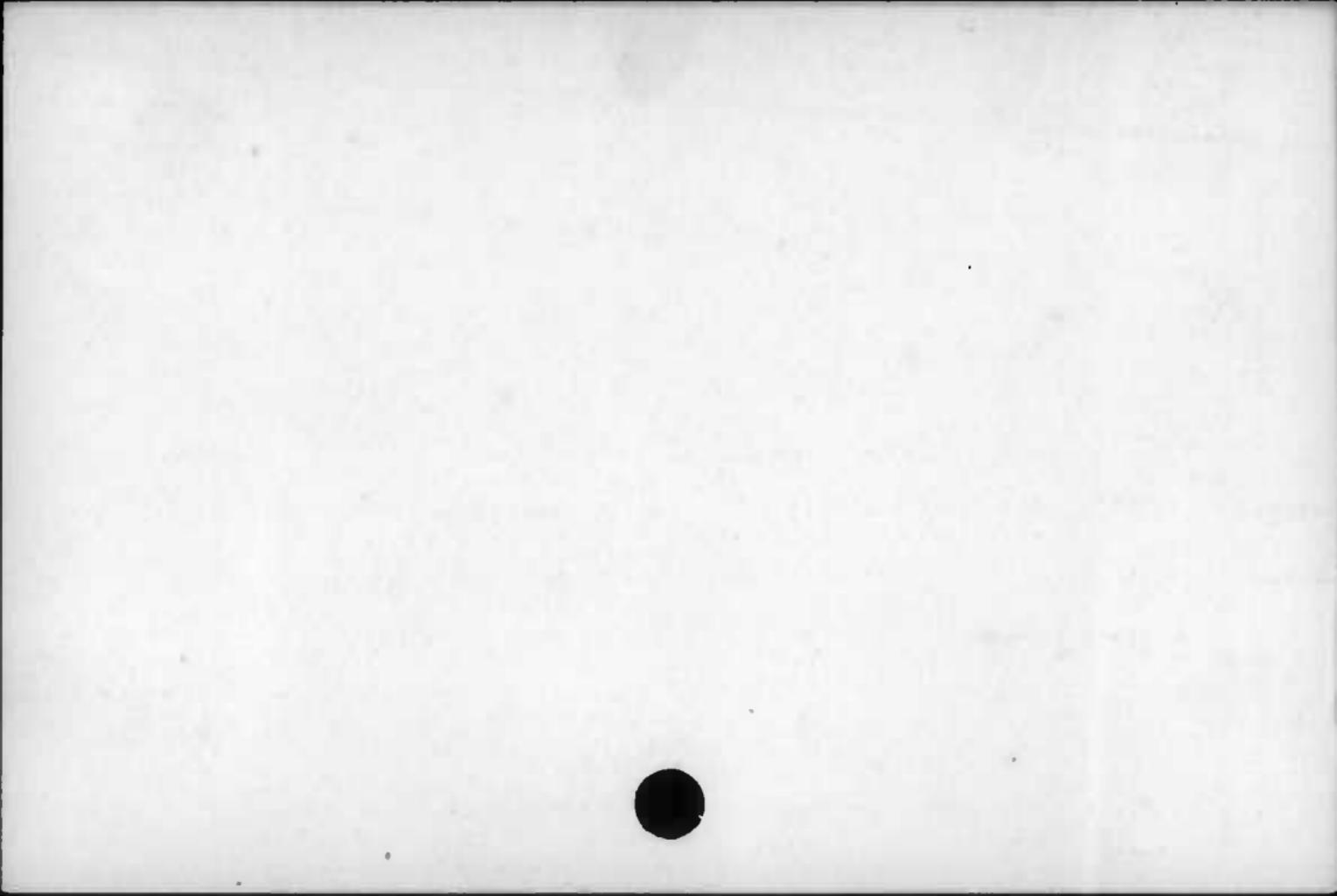
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

F. Alan G. Hunnaywd

Address

Accident or Suicide? yes



Name
in
Full

Charles P. Shiflett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Frostburg</u>		Town:	County <u>Allegany</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>Sept.</u>	Day <u>6</u>	Years <u> </u>	Months <u>3 mo</u>	Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>	Age <u> </u>		Birth-place <u>Frostburg</u>	✓
Occupation <u> </u>	Where Residing if not at place of death <u> </u>			✓	
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Charles Shiflett</u>			Father's Birthplace <u>Va</u>		
Mother's Maiden Name <u>Minnie Dards</u>			Mother's Birthplace <u>Pa.</u>		
Name of person giving information <u>Charles Shiflett</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

105°

How long

5 days

How long

Primary

Cholera Inflammation
and Diarrhoea

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. J. Conway

Address

Frostburg

Md

Accident or Suicide?

Hafner.

Albg. Com.

Name
in
Full

Herman L Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Sept	Day 27	Years 0	Months 4	Days 1
Sex	Male	Color or Race	White			
Occupation	Mower					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Edw. S. Smith					
Mother's Maiden Name	George E. Waters					
Name of person giving Information	Edw S. Smith					

Father's Birthplace

Mother's Birthplace

How related to deceased

Da Pa Father

61

How long

4 days

How long

4 days

PHYSICIAN
OR CORONER

Primary

Meningitis

Immediate

Ex haemorrh

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. S. Farzag,
Embarcadero
M.D.

Accident or Suicide

Stam. Name: Maria C. Smith



Name

in
FullJohn Muscarello, age 44 5th month Spatios (2)

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Cumberland</u>		County <u>allegany</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Sept</u>	Day <u>4</u>	Age <u>4</u>	Years <u>1</u>	Months <u>—</u> Days <u>stillborn</u>
Sex <u>Female (Both)</u>	Color or Race <u>white</u>	Birthplace <u>Ind</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Joseph Spatios

Father's Birthplace

Italy

Mother's Maiden Name

Carmine Donato

Mother's Birthplace

Italy

Name of person giving information

Father

How related to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Miscarriage from 4" to 5" mo (Twins)

How long

1/2d

Immediate

Exhaustion (stillborn)

How long

1 or

Are the name, age, sex, color, date and place correctly given above?

yes

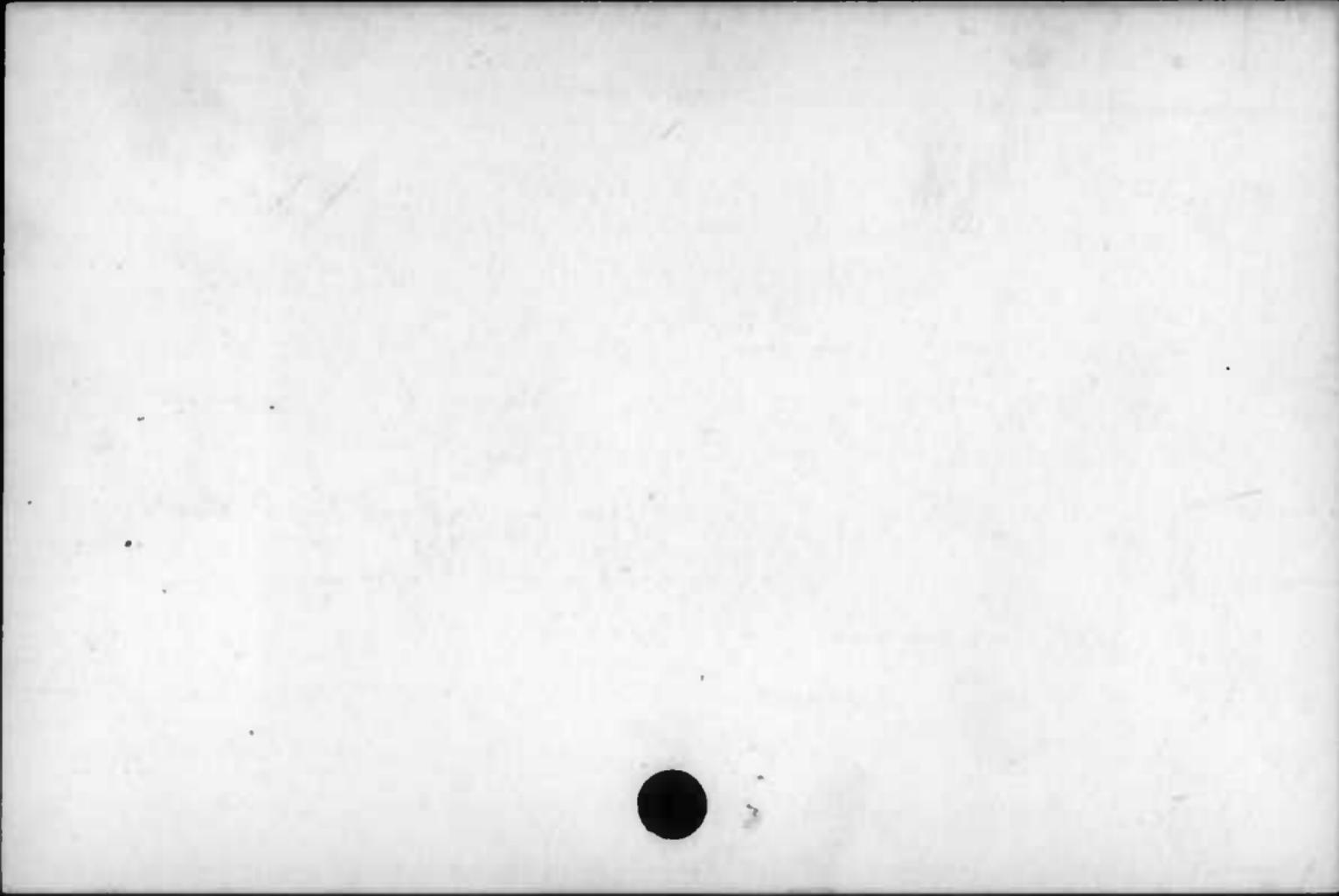
Signature of Physician

Address

Josh. Broady M
Cumberland
98 Va an
Ind

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County				
Baltimore, Md.		Allegany					
Date of death	1908	Month Sept	Day 12	Years	Months	Days	5
Sex	Female	Color or Race	White	Age	Birth-place	Baltimore, Md.	
Occupation	—		Where Residing if not at place of death Baltimore, Md.				
Married, Single or Widowed	—		Name of Wife or Husband —				
Father's Name	Robert Strachan		Father's Birthplace Scotland				
Mother's Maiden Name	Fayal Finkert		Mother's Birthplace Baltimore				
Name of person giving Information	Mother		How related to deceased Mother				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Gastr. Enteritis

How long

Immediate

traumia

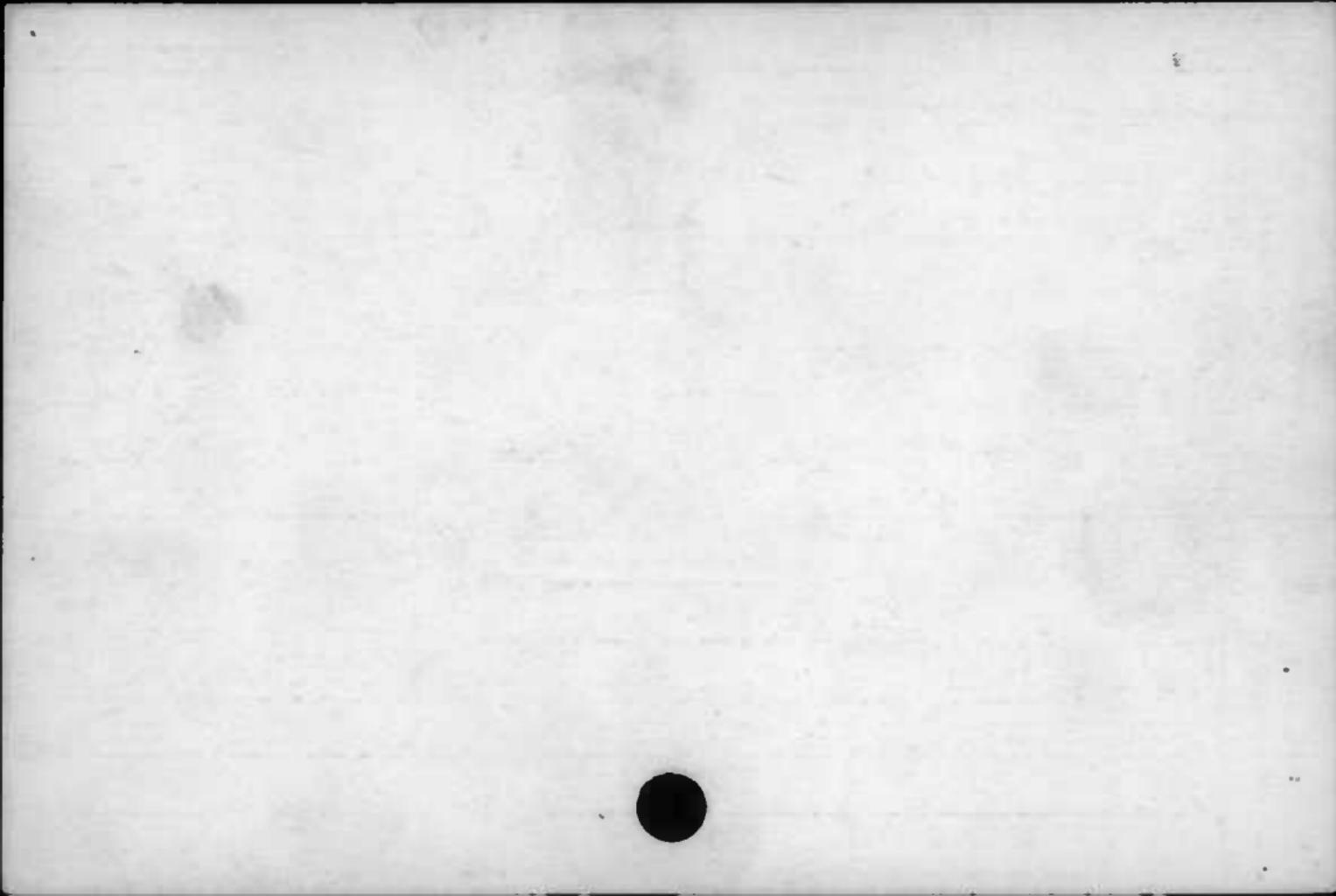
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Ray Martin Staub

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at		Albionland	Allegheny				
Date of death	1907	Month Sept	Day 20	Age 5	Years 7	Months 9	Days 20
Sex	Male	Color or Race	white	Birthplace	Md		
Occupation	none		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Charles W. Staub		Father's Birthplace	Md			
Mother's Maiden Name	Grace Huff		Mother's Birthplace	Md			
Name of person giving Information	Charles W. Staub		How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Scarletina

7

How long

2 weeks

Immediate

Exhauſtione

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Law L. Broadway MD
Cumberland Md.

Accident or Suicide

N

Dr Buncle off
Lyppnes

Name
in
Full

Mary Tophy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Cumberland

County

Allegany

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1908

9

22

Age

2

6

Sex

Female

Color or
Race

Colored

Birth-
place

Fairmont W. Va

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Singh

Name of Wife or
Husband

Father's
Name

John Mooyman

Father's
Birthplace

Mother's
Maiden Name

Josevina Tophy

Mother's
Birthplace

Name of person giving
Information

Josevina Tophy

How related
to deceased

Va

Va

Mother

CAUSES OF DEATH

Primary

Acute Gastritis

104

Hour long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yrs

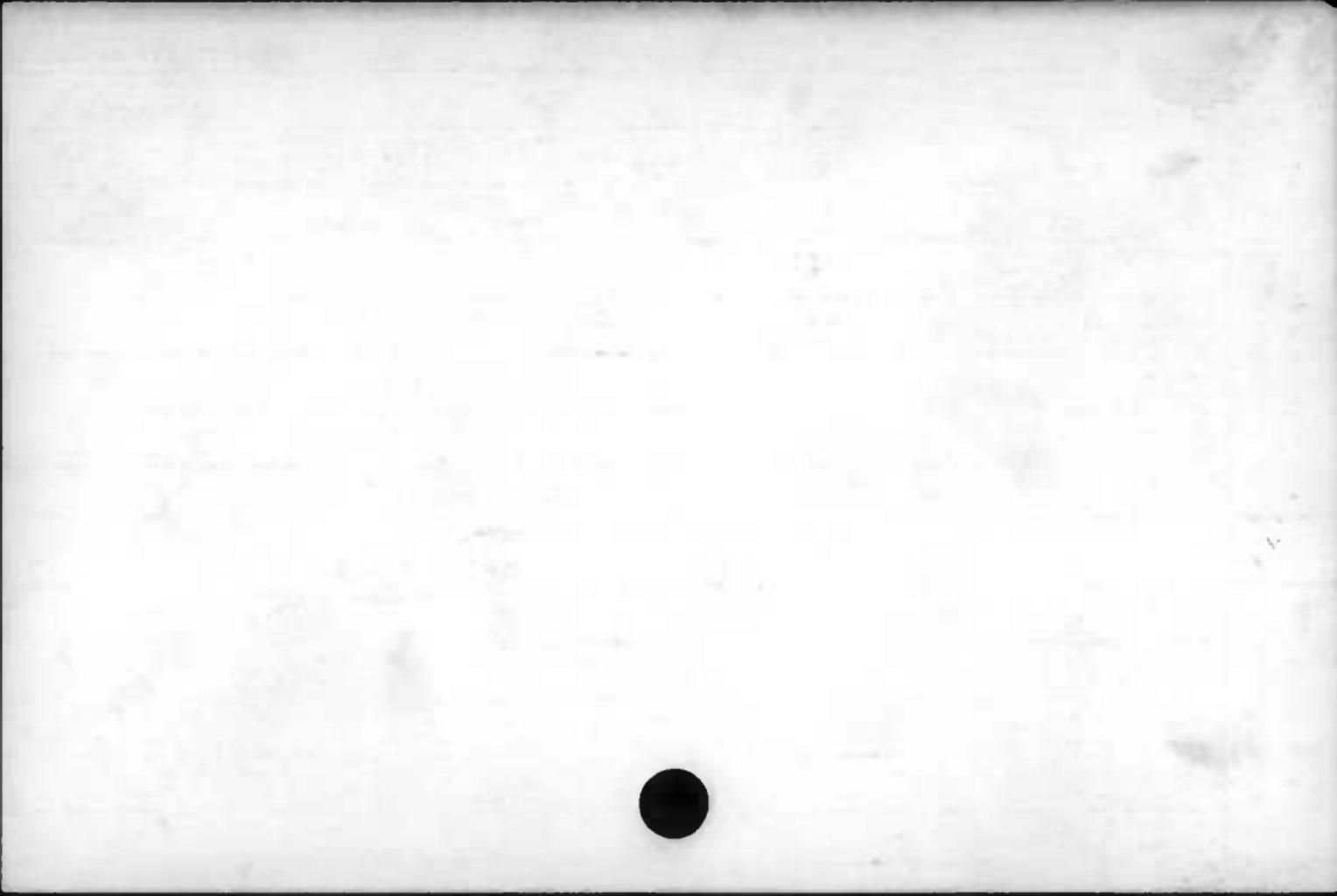
Signature of
Physician

J. B. McDonald

Cumberland Md.

Address

Accident or Suicide



Name
in
Full

John F Isolle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Allegany					
Date of death	Month	Day	Years	Months	Days	
1908	Sep	6	—	one	—	
Sex	Color or Race	Age		Birth-place		
Male	White	—		Esmorland		
Occupation	Where Residing if not at place of death		—			
Married, Single or Widowed	Name of Wife or Husband		—			
Father's Name	Joseph W Isolle		Father's Birthplace			
Mother's Maiden Name	Lethian Reiley		Mother's Birthplace			
Name of person giving Information	Joseph W Isolle		How related to deceased			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Marasmus

How long

1 mo

Immediate

4 hours

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

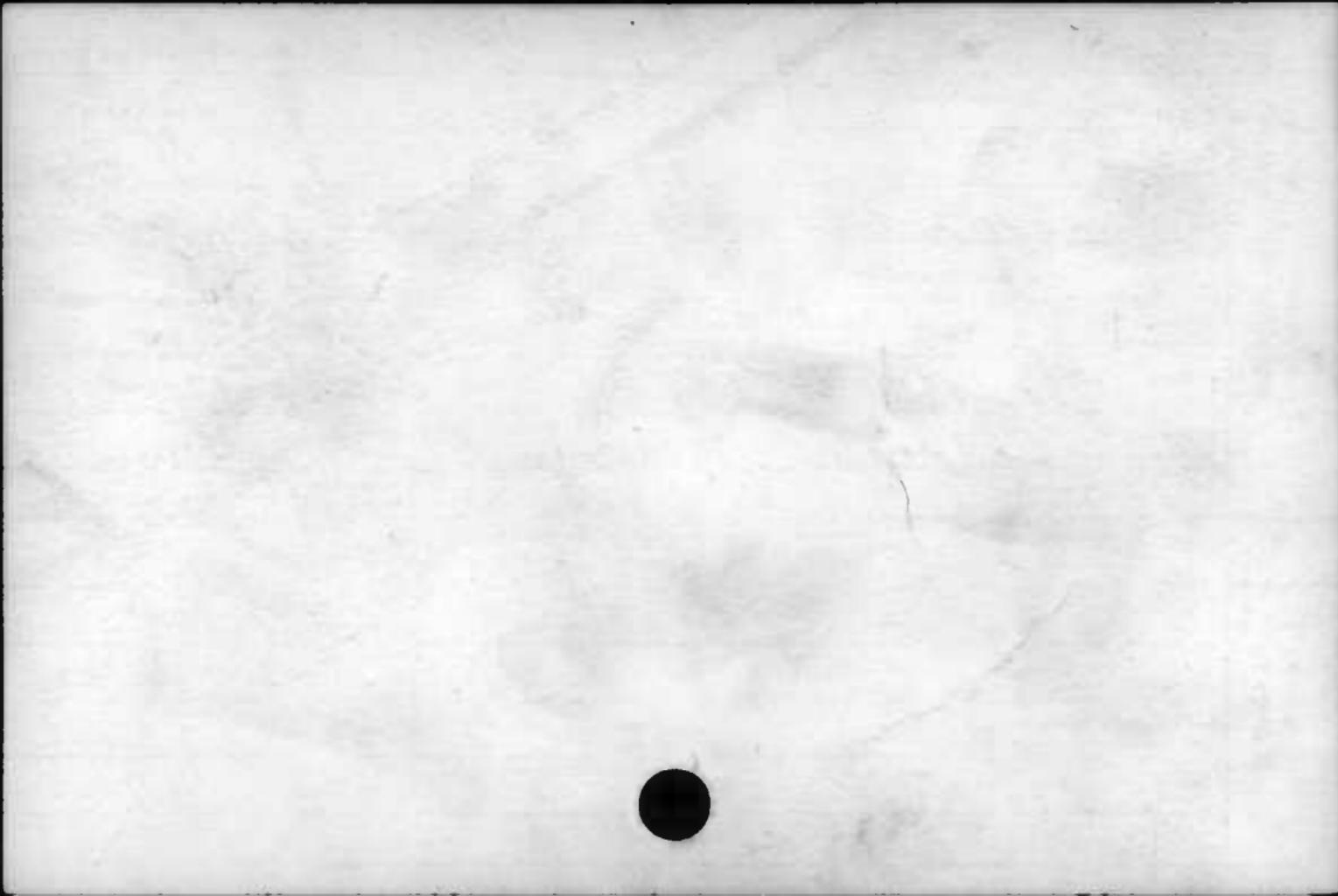
Signature of
Physician

Address

W Bley Brookley

Alcester, Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Elizabeth Troutman
Cumberland Allegany

CERTIFICATE OF DEATH

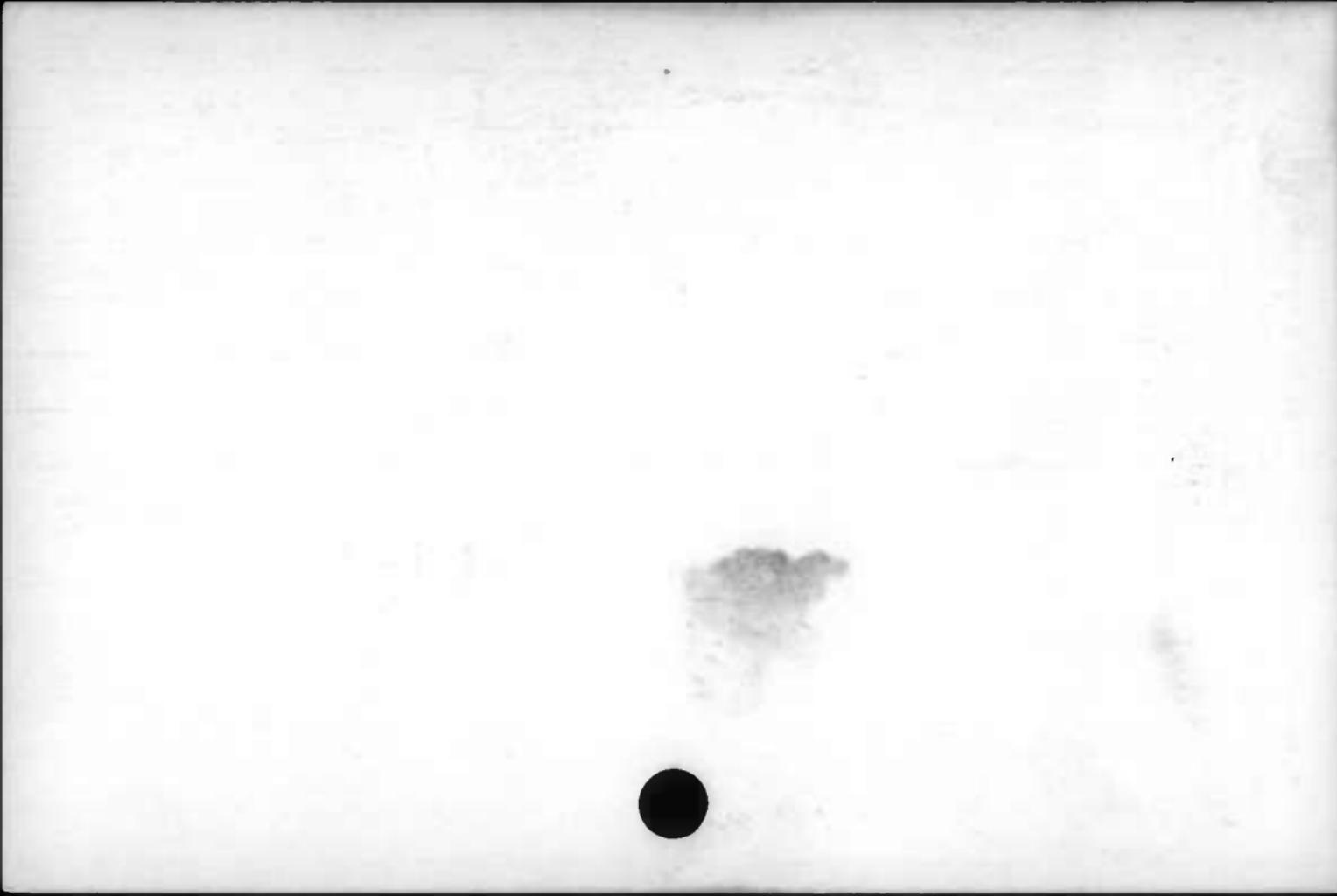
Died at Town County MARYLAND
Died at Cumberland Allegany MARYLAND
Date Month Day Month Year Month Day
of death 1908 Sept 21 8 -
Sex Female Color or Race white Birth-place Pratt 2d
Occupation Housewife Where Residing if not
et place of death #26 Columbia St
Married, Single or Widowed Married Name of Husband Eunice Troutman
Father's Name Asbury Pendleton Father's Birthplace Pratt 2d
Mother's Maiden Name Emily Johnson Mother's Birthplace Belmont Pa
Name of person giving Information Eunice Troutman How related Husband

CAUSES OF DEATH

137

Primary Pelvic Abscess following confinement How long 9 weeks
Immediate Exhausion How long Several weeks
Are the name, age, sex, color, date
and place correctly given above? Yes
Signature of Physician
Address Dr. George W. M.
Cumberland Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Albert N. Viends

CERTIFICATE OF DEATH

Town

County

Died at
Cumberland

Calverton

MARYLAND

Month

Day

Years

Days

Date
of death
1908

9

8

Years

Days

Age

Sex

Color or
Race

White

Month

Days

1

7

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Albert N. Viends.

Mother's
Maiden Name

Anna, Gregg

Name of person giving
Information

Albert N. Viends.

Father's
Birthplace

Va

Mother's
Birthplace

Va

How related
to deceased

Father

CAUSES OF DEATH

61

Primary

Meningitis
Exhaustion

How long

1 week

Immediate

Exhaustion

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. R. Hodges M.D.
Cumberland, Md.

Accident or Suicide

PHYSICIAN
OR CORONER

gr Hodges -

Bill
116 Hoover St

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Anna Wagner

CERTIFICATE OF DEATH

Town Cumberland County MARYLAND

Died at Cumberland Accoony

Date of death 1908 Month Sept Day 11 Age 73 Years Months — Days —

Sex Female Color or Race White Birthplace West Va

Occupation House Keeper Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Henry Wagner Father's Birthplace Mineral Co

Mother's Maiden Name Ruth Rankin Mother's Birthplace W. Va

Name of person giving Information Misand Malone How related to deceased Cousin

CAUSES OF DEATH

Primary

Senility, Gravel, and debility of the

74

How long

2 yrs

Immediate

Ethiander

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Steine Yes

Signature of Physician

Address

133 Broadway
Cumberland

Accident or Suicide

Dans Rms. W. Va.
Mineral Co.

Name
in
Full

James Henry Wagner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Froeburg		Town	County Allegany		MARYLAND		
Date of death	1908	Month Sept.	Day 21	Age	Years	Months 1	Days 22
Sex male	Color or Race white	Birth-place Froeburg					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Single	Name of Wife or Husband	—				
Father's Name	Frederick B. Wagner			Father's Birthplace		R. J.	
Mother's Maiden Name	Sarah B. Took			Mother's Birthplace		P. J.	
Name of person giving information	J. R. Wagner			How related to deceased		Father	

CAUSES OF DEATH

151

How long

1 mo. 22 days

How long

J. M. Scill

PHYSICIAN
OR CORONER

Primary

Inanition

Immediate

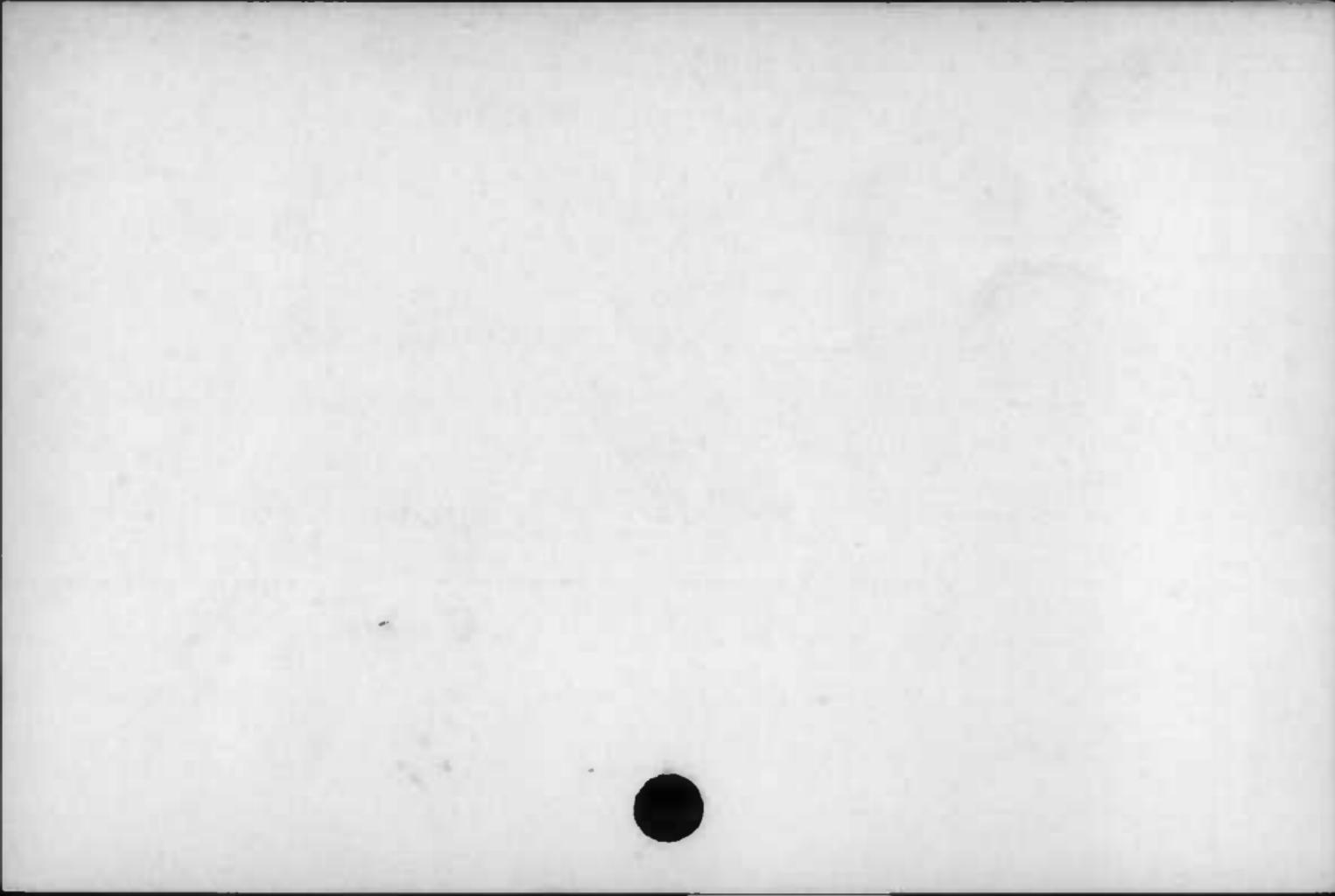
"

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Nellie A Welsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at	6 mile House	Age	26	Years
Date of death	1908 Sept 7	Month	9	Day
Sex	Female	Color or Race	White	Birth- place
Occupation	Whare Reading if not at place of death			
Married, Single or Widowed	Married E W Welsh			
Father's Name	Goyd Bury			
Mother's Maiden Name	Jessie Woodford			
Name of person giving Information	G W Welsh			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

138

Primary

Albumin

How long

Not known

Immediate

Eclampsia following childbirth

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

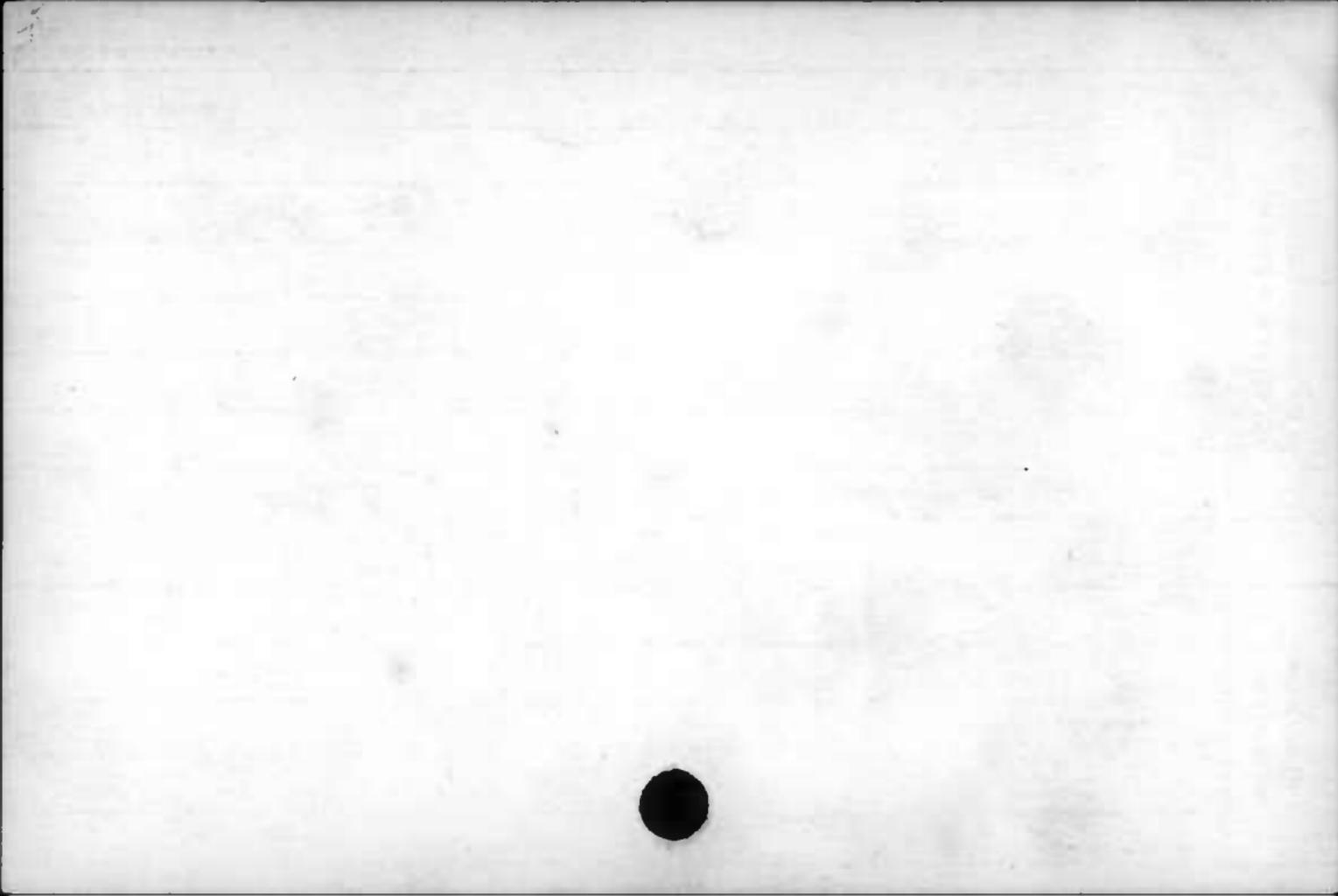
Address

Steur.

W. W. Wiley.

Accident or Suicide

Wiley



Name
in
Full

Robert White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	190	Month Sept.	Day 28	Years 72	Months	Days
Sex	Male	Color or Race	White	Birth-place	Scotland	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband	Annie White			
Father's Name		James White	Father's Birthplace	Scotland		
Mother's Maiden Name		Annie McKay	Mother's Birthplace	Scotland		
Name of person giving Information		James White	How related to deceased	Son		

CAUSES OF DEATH

93

2 years ago

How long

Primary

Pneumonia

Immediate

Bronchitis

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

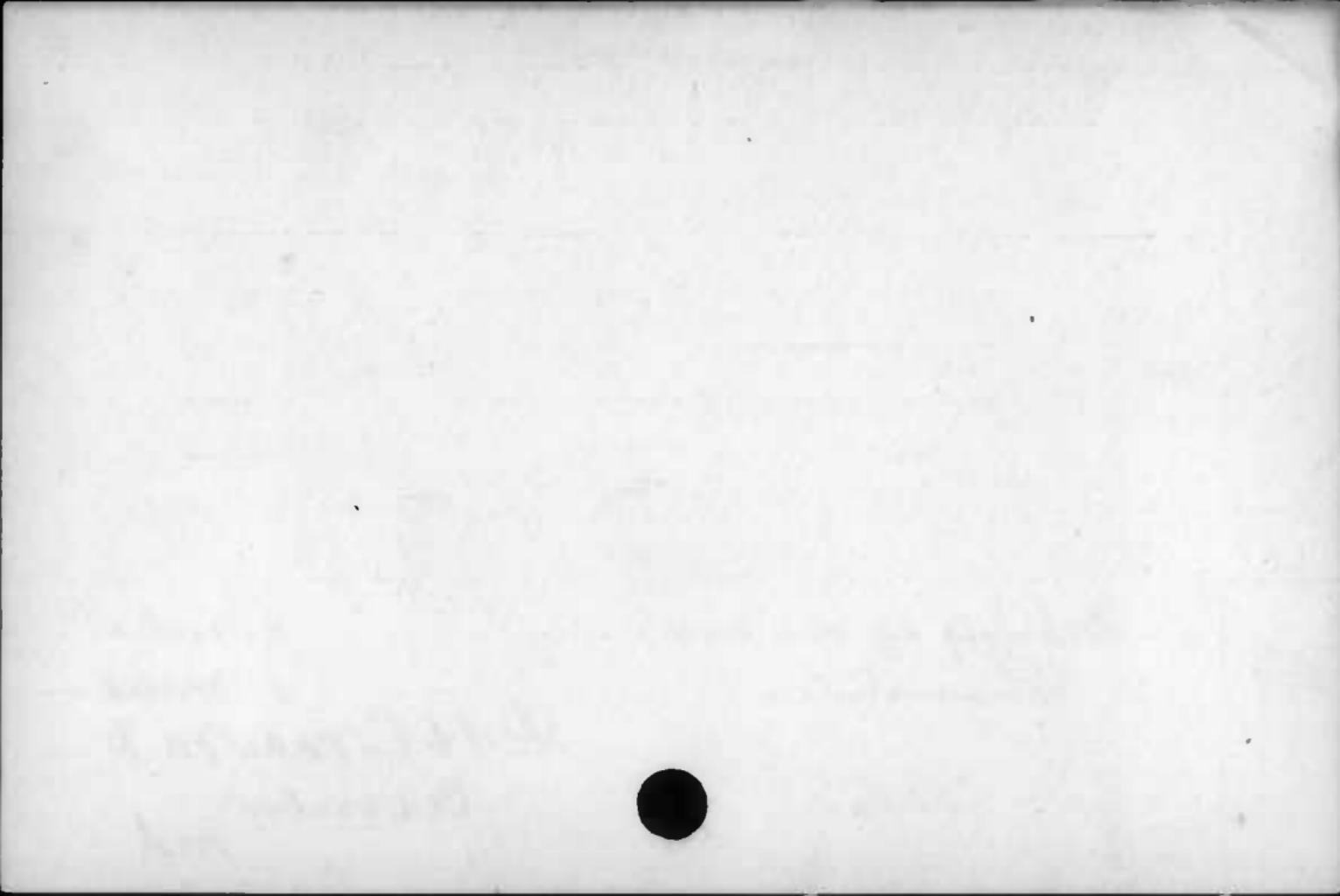
Harry M. Hockson M.D.

Address

Loftacounty, Ind

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Cumberland		alleg.					
Date of death	1908	Month Sept.	Day 8	Years 86	Months	—	Days
Sex	Female	Color or Race	White	Birth-place	Cumberland Md.		
Occupation	Housewife.			Where Residing if not at place of death			
Married, Single or Widowed	Widow.	Name of Wife or Husband	Jacob Wickard.				
Father's Name	John H. Carleton			Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information	Chas. W. Wickard			How related to deceased	Son.		

✓

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

debility of old age

154

How long

5 weeks

Immediate

Exhaustion

How long

5 weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Chas. W. Wickard
C. H. Brown M.D.
Lansdowne
Md.

Accident or Suicide



Name
in
Full

Mary P Wigfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Comptown

County

MARYLAND

Date
of death 1908

Month

Day

Years

Months

Days

Sept.

10

Age

53

9

-

Sax Female

Color or
Race

White

Birth-
place

Berford Co Pa

Occupation

House Keeper

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of ~~Wife or~~
Husband

Alexander

Father's
Birthplace

Pa.

Father's
Name

George W. Fox

Mother's
Birthplace

Md.

Mother's
Maiden Name

Mary Martin

How related
to deceased

Sister

Name of person giving
Information

Miss E. B. Parliament

CAUSES OF DEATH

27

How long

Primary

Tuberculosis

(Pulmonary)

don't know

How long

Immediate

Thiamine

one week

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

F. W. Jackson

Address

Forgetman

Accident or Suicide

PHYSICIAN
OR CORONER

Mr. Oceanside M.D.

830 Saturday

Name
in
Full

H. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County
Cumberland Allegany Co. MARYLAND

Date of death Month Year Month Day
1908 9 13 28 7 2

Sex Male Color or Race White Birthplace
Occupation Electrician Birthplace
Braintree, Monmouthshire, England

Where Residing if not at place of death

Single Home

Name of Wife or Husband

None

Father's Name

Daniel Williams

Mother's Maiden Name

Ellen Griffiths

Name of person giving Information

Daniel Williams

✓

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician
Address

J. P. Pritchard
Cumberland, Md.

PHYSICIAN
OR CORONER

CAUSES OF DEATH

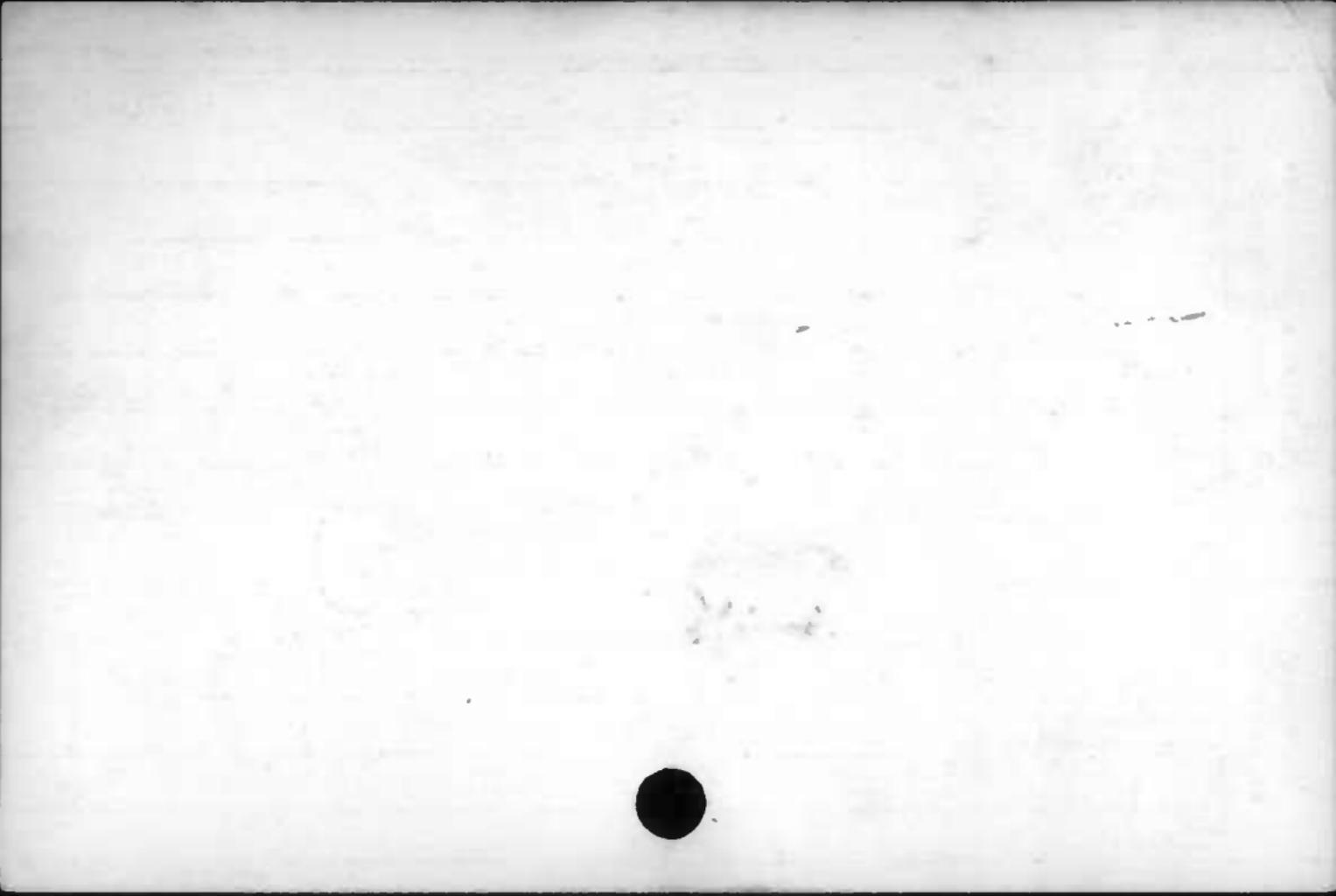
93

How long

How long

6 days
1 day

Signature of Physician
Address



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Benjamin Gates

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	74	8	11
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Margaret Gates			
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving information	Wm. Gates				

CAUSES OF DEATH

64

Primary Endo. colitis two weeks
Immediate cerebral hemorrhage 17 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. Colby
Visiting K.

Accident or Suicide?

Hafer.
Pearce Co.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Cambridge</u>		Town		County <u>Accomack</u>	
Date of death <u>1908</u>	Month <u>9</u>	Day <u>5</u>	Years <u>67</u>	Month <u>6</u>	Days <u>14</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Age <u>67</u>			
Occupation <u>House</u>	Where Residing if not at place of death <u>Don't know</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Joseph Keys</u>				
Father's Name <u>Mary J. Gill</u>	Father's Birthplace <u>Broadway No 2</u>				
Mother's Maiden Name <u>Wright</u>	Mother's Birthplace <u>Jefferson Co</u>				
Name of person giving Information <u>Mary J. Gill</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

10 yrs

Immediate

Exhaustion

How long

Profound

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

EB Belvoir Brook
Accomack and

Accident or Suicide

